



CAST Family Survey Manual

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Overview of the CAST Family Survey

The CAST¹ Family Survey was developed to measure family environments in the school community that related to child activity and diet in the home. The survey was developed by CAST partners and implemented beginning in Year 2 of the project. This survey was assessed with among a representative sample of families for two years and then modified to include items on parenting practices and perceptions of school nutrition/physical activity practices in Years 4 and 5 of the project.

The initial survey was developed and distributed to 673 families in Years 2 of the project and included 5 categories of questions that were identified as important for understanding child obesity risk in the Bethel community: 1) family food shopping practices, 2) family eating practices, 3) child and parent physical activity attitudes and behaviors, 4) parent perspectives on neighborhood safety, built environment, and social cohesion, and 5) parent/family demographics. Respondents were asked to answer items about child behavior in terms of the oldest elementary school child in the household. The survey instrument was revised in Years 4 and 5 of the study to include items on parenting practices and parent perceptions or knowledge of school environments related to child eating and physical activity behavior.

Development of survey

The CAST Family Survey was developed as a longitudinal family sample to be assessed annually across 4 years of the project. The survey was created by a project work group, the Family Survey Work Group (FSWG), consisting of CAST ORI staff, CAST partner organizations with interests in the survey content, and members of the CAST Parent Advisory Council. The FSWG also solicited input from the Food Assessment Work Group, whose membership was drawn from similar sources.

The group identified assessment areas related to obesogenic environments—conditions that influence people to become and stay overweight/obese. The FSWG adopted and adapted questions from existing surveys, including The Behavioral Risk Factor Survey (CDC, 2008), The Child Feeding Questionnaire (Birch et al., 2001), [The Fresno County Community Food Assessment](#) (CGSC, 2005), The [Healthy Eating Self-Test](#) (2003-5 Wellsource, Inc.), National Health and Nutrition Examination Survey (NHANES; CDC, 2008), and [The National Safe Routes to School Walking and Biking Parent Survey](#) (NCSRS; 2008), developed additional

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physical activity (i.e., Trost et al., 2003) and nutrition questions, and designed initial English and Spanish versions of the survey.

The physical design (formatting and layout) of the survey and the time sequence and approaches used in survey mailing procedures were drawn from and adapted from Dillman's Tailored Design Method for surveys (Dillman et al., 2009). The physical design of the survey were drafted prior to pre-testing to allow us to evaluate the appearance and flow of the instrument with survey testers. The survey also was translated into Spanish with a back translation to English prior to the pre-testing phase.

Pre-testing of the survey

The initial survey prototype was pretested over a 14-week period. Cognitive interviewing techniques (Willis, 1999) were used in four iterations of pretesting of the instrument with CAST researchers, research staff, partners, and English-and Spanish-speaking members of the Parent Advisory Council. The final version of the survey incorporated changes with respect to item wording and response categories based on the pretesting results (see Appendix for example of pre-testing questions).

Sample design and construction of sample

Since the project school district maintained only child-level data, it was necessary to construct a family (household) identification number based on the addresses of the children. In 2009–2010 the 2,465 children lived in 1,860 households. The project set a target of obtaining repeated surveys from some 450 CAST households (24% of eligible households and 18% of eligible children) over the 4-year collection period.

Proportional sampling was used to calculate the number of surveys needed in each school grade (Table 1). This number was inflated to account for both initial recruitment loss (estimated at 40%) and loss of repeated survey data (estimated at 20% for kindergarten families, 15% for first grade families, and 10% for families whose children were in the second through fourth grades at the time of the survey). These adjustments required the recruitment of 670 families.

Table 1. *CAST Family Survey Sample*

4/14/2010		diff.=difference between number desired and number received																																
Grade	Clear Lake				Danebo				Fairfield				Irving				Malabon				Meadow View				Prairie Mtn				Totals of desired					Totals
	total	S1	S2	diff.	total	S1	S2	diff.	total	S1	S2	diff.	total	S1	S2	diff.	total	S1	S2	diff.	total	S1	S2	diff.	total	S1	S2	S2	Combined					
	desired	rcd.	rcd.	diff.	desired	rcd.	rcd.	diff.	desired	rcd.	rcd.	diff.	desired	rcd.	rcd.	diff.	desired	rcd.	rcd.	diff.	desired	rcd.	rcd.	diff.	desired	rcd.	rcd.	rcd.	rcd.	Desired				
KA	5	2	3	0	6	5	4	3	6	5	5	4	10	6	5	1	9	6	6	3	9	7	6	4	5	2	2	-1	50	33	66%	31	62%	128%
KP	5	1	2	-2	6	3	2	-1	4	2	4	2	5	3	4	2	4	4	3	3	4	3	3	2	5	4	4	3	33	20	61%	22	67%	127%
1	9	7	6	4	11	8	10	7	9	8	6	5	15	10	11	6	14	9	11	6	14	10	11	7	16	12	7	3	88	64	73%	62	70%	143%
2	9	7	3	1	10	7	7	4	9	6	6	3	12	7	10	5	12	8	5	1	14	9	11	6	16	14	11	9	82	58	71%	53	65%	135%
3	10	6	6	2	9	5	7	3	10	3	8	1	12	12	13	13	9	6	5	2	16	13	15	12	12	9	9	6	78	54	69%	63	81%	150%
4	13	12	10	9	10	9	6	5	9	4	6	1	12	12	8	8	11	7	4	0	13	7	4	-2	15	13	9	7	83	64	77%	47	57%	134%
5	11	6	7	2	11	4	6	-1	10	5	3	-2	12	10	5	3	8	4	6	2	12	5	9	2	16	9	9	2	80	43	54%	45	56%	110%
Totals	62	41	37	16	63	41	42	20	57	33	38	14	78	60	56	38	67	44	40	17	82	54	59	31	85	63	51	29	494	336	68%	323	65%	133%
																										Percent received of 670 sample 1=		50%						
																										Percent received of 670 sample 2=		48%						

For each school, beginning with the fifth grade and working down to kindergarten, students were chosen at random. Their associated household identification number was included in the sample, subject to the constraint that households with multiple children were only sampled once. This approach accommodated those survey questions that asked the respondent to answer

items about their oldest elementary school child.

Survey mailing procedures and return rate

An initial sample of 670 households was sent an alert card one week prior to receiving a survey, which was mailed November 6, 2009. This was followed by a reminder card one week later to those who had not returned the completed survey. After one month surveys were re-mailed to those who had not responded. At the end of December 2009, 328 surveys (50%) were returned. Inspection of the distribution of returned surveys revealed under-responding within both grades and schools and a decision was made to repeat the initial survey collection procedures with an additional sample of 670 households, from mid-January to mid-March 2010. This second round yielded 331 returned surveys (50%) for a total of 659 surveys in the first year of the assessment. A diagram detailing the work flow of the full survey assessment cycle is included in the appendices. This initial project cohort was augmented by addition of new kindergarten CAST participants in years 3 and 4 of the project. No new households were added to the sample in the final year of the project.

Check for stability in responses

In anticipation of issuing the third year Family Survey assessment, the project's Research Work Group evaluated the survey for the addition of new items that had not been previously included. Because the project had begun to develop and pilot test a family health intervention for child obesity prevention, the lead investigator in CAST believed parenting items measured for that program were important items to capture with the larger sample of Family Survey households. Additionally, the project had been involved with a great deal of school-based activity and evaluation. The Research Work Group believed it was important to assess parent perspectives on the nutritional and physical activity practices of schools as another environment directly influencing child health.

A descriptive analysis of T1 and T2 responses by parents was completed to see if responses were stable across households on items about shopping and family eating practices, physical activity, perceptions of neighborhood safety and cohesion, and parent/household demographics. The section on shopping and family eating practices showed consistent stability between the two annual assessments and was dropped from the T3 and T4 version of the survey.

Revision to survey

For the Year 3 and 4 versions of the CAST Family Survey the stable items discussed above were dropped to include new items not yet assessed with families. New items were added on school nutrition and physical activity policies and practices with questions adapted from *Focusing Resources on Effective School Health (FRESH) Tools for Effective School Health First Edition* (<http://www.unesco.org/education/fresh>), the Middle-School Physical Activity and Nutrition (M-SPAN) Student and Parent Surveys (<http://www.drjamesallis.sdsu.edu/Documents/mspanstudentparentsurvey.pdf>; Sallis et al., 2003), and the Wellness School Assessment Tool (WellSat) (<http://www.wellsat.org/>; Schwartz et al., 2009). Additional items were added to the survey that measured family feeding and parenting style (Larios et al., 2009, Slater & Power, 1987). These changes allowed the study to compare responses from households in the longitudinal survey sample to measures used with families who participated in a feasibility study of a family health program designed and implemented the final two years of CAST.

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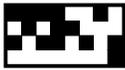
Appendices:

CAST Family Survey

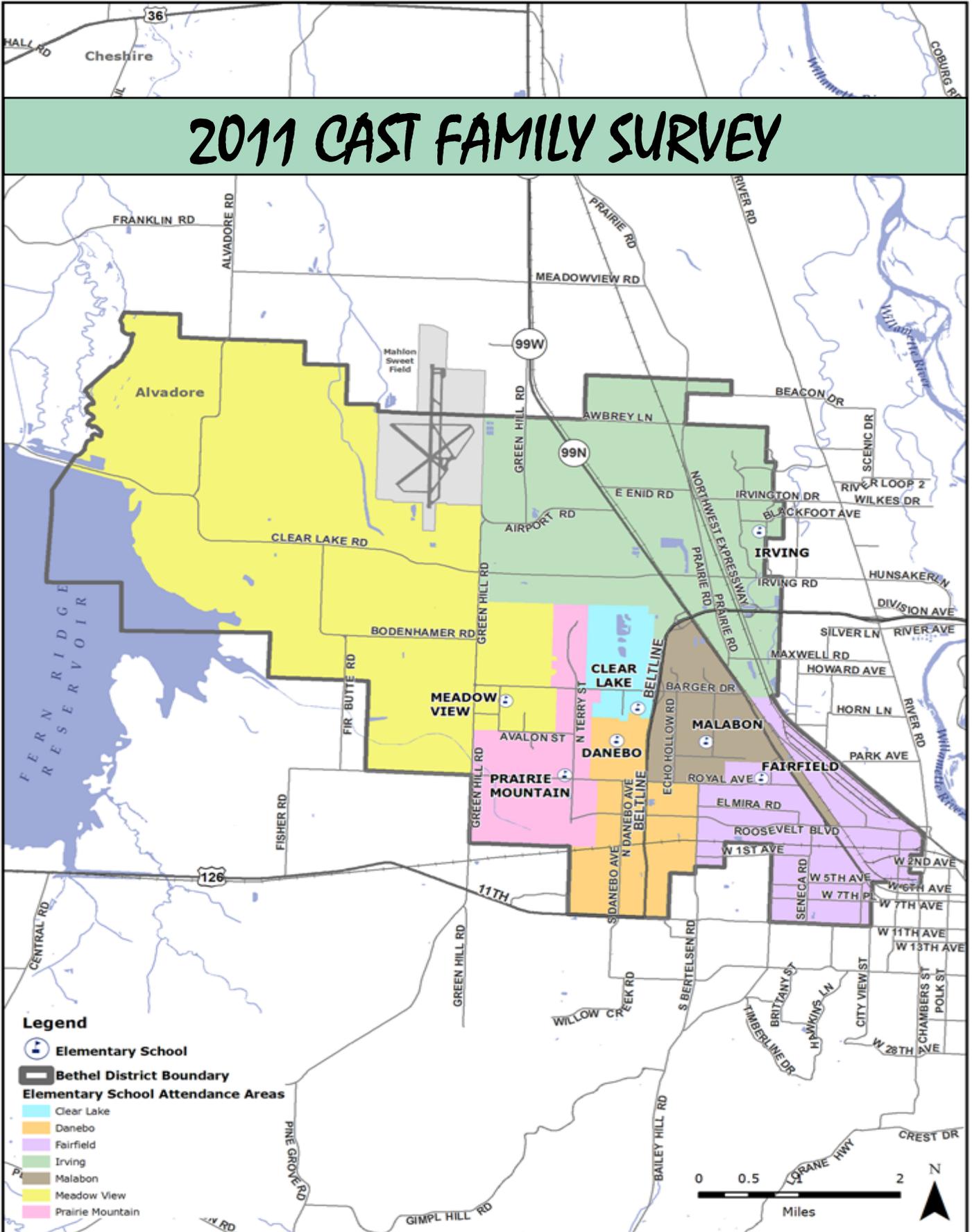
CAST Family Survey 1
CAST Family Survey 2

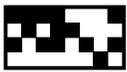
CAST Family Survey Flow Chart

Pre-Testing of CAST Survey

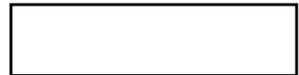


2011 CAST FAMILY SURVEY





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GENERAL INFORMATION:

- o This survey has five parts and will take about 30 minutes. Questions include your views about eating, shopping practices, physical activities of your family, opinions about your neighborhood, and general information about your health and family.
- o All information you provide will be confidential.

INSTRUCTIONS:

1. Answer each of the questions to the best of your ability. Read each item carefully before answering.
2. This survey should be completed by the parent in the home who does most of the food shopping.
3. Some questions ask about your child in grades K-5. If you have more than one child in grades K-5, please answer about your oldest child in these grades.
4. Write any additional comments you wish to make at the end of this survey.
5. Return the survey in the envelope provided.

MARKING INSTRUCTIONS:

- o Please use a pen with **BLACK OR BLUE INK**.
- o Make solid marks that fill in the response bubbles. If you make a mistake, cross out your mistake, then mark and circle the correct answer.
- o Do not fold, bend or staple this questionnaire.

IMPORTANT: USE BLACK OR BLUE INK PEN

Shade Circles Like This → 

Not Like This →  

Mark Boxes Like This →

1	2
---	---

 Age

OFFICE USE ONLY				

Some questions ask about your child in grades K-5. If you have more than one child in grades K-5, please answer about your oldest child in these grades.

I. SHOPPING

1. On average, how often do you go to the grocery store for major shopping (more than 10 items)?

- Daily 3 to 4 times a week 1 to 2 times a week 1 to 2 times a month Less than once a month

2. Where do you generally do this major shopping? [Mark all that apply]

	In Bethel area	Out of Bethel area
Albertsons	<input type="radio"/>	<input type="radio"/>
Costco	<input type="radio"/>	<input type="radio"/>
Fred Meyer	<input type="radio"/>	<input type="radio"/>
Grocery Outlet	<input type="radio"/>	<input type="radio"/>
Market of Choice	<input type="radio"/>	<input type="radio"/>
Mini-mart such as Dari-Mart or Cash King	<input type="radio"/>	<input type="radio"/>
Walmart	<input type="radio"/>	<input type="radio"/>
Winco	<input type="radio"/>	<input type="radio"/>
Safeway	<input type="radio"/>	<input type="radio"/>
Bi-Mart	<input type="radio"/>	<input type="radio"/>
Target	<input type="radio"/>	<input type="radio"/>
Trader Joe's	<input type="radio"/>	<input type="radio"/>
Other, please list: _____	<input type="radio"/>	<input type="radio"/>

3. On average, how often do you go to the grocery store for minor shopping (fewer than 10 items)?

- Daily 3 to 4 times a week 1 to 2 times a week 1 to 2 times a month Less than once a month

4. Where do you generally shop for food when purchasing fewer than 10 items? [Mark all that apply]

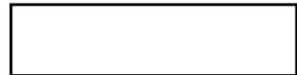
	In Bethel area	Out of Bethel area
Albertsons	<input type="radio"/>	<input type="radio"/>
Costco	<input type="radio"/>	<input type="radio"/>
Fred Meyer	<input type="radio"/>	<input type="radio"/>
Grocery Outlet	<input type="radio"/>	<input type="radio"/>
Market of Choice	<input type="radio"/>	<input type="radio"/>
Mini-mart such as Dari-Mart or Cash King	<input type="radio"/>	<input type="radio"/>
Walmart	<input type="radio"/>	<input type="radio"/>
Winco	<input type="radio"/>	<input type="radio"/>
Safeway	<input type="radio"/>	<input type="radio"/>
Bi-Mart	<input type="radio"/>	<input type="radio"/>
Target	<input type="radio"/>	<input type="radio"/>
Trader Joe's	<input type="radio"/>	<input type="radio"/>
Other, please list: _____	<input type="radio"/>	<input type="radio"/>

5. Besides stores, what other ways do you typically get food? [Mark all that apply]

- | | |
|---------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="radio"/> Community garden | <input type="radio"/> Food pantry or food boxes |
| <input type="radio"/> Eating with family and friends at their homes | <input type="radio"/> Home garden |
| <input type="radio"/> Emergency dining sites | <input type="radio"/> Hunting |
| <input type="radio"/> Farmers market | <input type="radio"/> Restaurants (with sit down table service) |
| <input type="radio"/> Fast Food | <input type="radio"/> Farm stand/Local farm |
| <input type="radio"/> Fishing | <input type="radio"/> Home raised animals (e.g., for meat, milk, eggs) |
| | <input type="radio"/> Other, please list: _____ |



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6. How important are each of the following when deciding where and when you shop for food?

	Very important	Important	Somewhat important	Unimportant	Not considered
a. Affordable food	<input type="radio"/>				
b. Quality of food	<input type="radio"/>				
c. Helpful customer service	<input type="radio"/>				
d. Wide variety of products	<input type="radio"/>				
e. Location near home	<input type="radio"/>				
f. Location near school or work	<input type="radio"/>				
g. Location near other businesses I visit	<input type="radio"/>				
h. Location accessible from the bus	<input type="radio"/>				
i. Location accessible from the bike path	<input type="radio"/>				
j. Location accessible by walking	<input type="radio"/>				
k. Local ownership	<input type="radio"/>				
l. Local produce or products	<input type="radio"/>				
m. Organic/natural produce and products	<input type="radio"/>				
n. On-site child care	<input type="radio"/>				

II. FAMILY EATING PATTERNS

1. In a typical week, on how many days did:

	0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
a. you, or someone else in your family, prepare your family's evening meal at home?	<input type="radio"/>							
b. your family eat your evening meal in a sit-down restaurant?	<input type="radio"/>							
c. your family eat your evening meal from a fast food restaurant where you ordered from the counter or drive through?	<input type="radio"/>							
d. your family share a meal with friends or extended family members?	<input type="radio"/>							
e. your family eat "ready-to-eat" meals (hot bar, deli) from the grocery store?	<input type="radio"/>							
f. your family eat your evening meal together at home <u>while watching television</u> ?	<input type="radio"/>							
g. your family eat your evening meal together at home <u>without watching television</u> ?	<input type="radio"/>							

2. On most days (5 or more) of a typical week, I...

eat breakfast at home eat breakfast away from home do not eat breakfast

3. On most days (5 or more) of a typical week, my oldest elementary school child...

eats breakfast at home eats breakfast away from home eats breakfast at school does not eat breakfast

4. How often does your family have whole grain breads and cereals at home?

Always Most of the time Sometimes Rarely Never Don't know

5. How often does your family have fruits available at home? This includes fresh, dried, canned and frozen fruits.

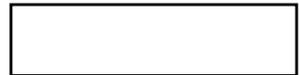
Always Most of the time Sometimes Rarely Never Don't know

6. How often does your family have dark green vegetables available at home? This includes fresh, dried, canned, and frozen vegetables.

Always Most of the time Sometimes Rarely Never Don't know



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7. How often does your family have soft drinks, fruit-flavored drinks, or fruit punch available at home? Please do not include diet drinks or 100 percent juice.

- Always, Most of the time, Sometimes, Rarely, Never, Don't know

8. How often is ordinary salt or seasoned salt added in cooking or preparing foods at home?

- Always, Most of the time, Sometimes, Rarely, Never, Don't know

9. How often does your family have salty snacks such as chips and crackers available at home? Do not include nuts.

- Always, Most of the time, Sometimes, Rarely, Never, Don't know

10. What kind of milk does your family usually drink? [Mark all that apply]

- Whole milk, 1% fat milk, Soy milk, Raw, unpasteurized milk, No milk, 2% fat milk, Skim or nonfat milk, Rice milk, Other

11. In a typical week, how often does your family eat the following types of protein foods?

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

- a. meat (steak, pork chops, hamburger, hot dogs, sausage)
b. poultry (chicken, turkey)
c. fish or seafood
d. plant-based (soybeans, peas, nuts, tofu)

12. In a typical week, how often does your family use the following types of fats or oils?

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

- a. real butter
b. margarine or shortening
c. vegetable oils (olive, canola, sunflower, etc.)
d. lard

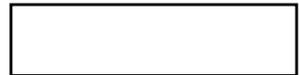
13. How important are each of the following factors in deciding what your family will eat?

Very important, Somewhat important, Neutral, Somewhat unimportant, Very unimportant

- a. Convenience
b. Cost
c. My preferences
d. My family's preferences
e. Nutritional value
f. Television or other advertising
g. Preparation time
h. Work schedule
i. Variety of foods
j. Other, please specify



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14. If you were to change your family's eating habits, what would you change? [Choose one answer]

- we would eat out more often
- we would eat out less often
- I wouldn't change anything
- we would eat with family or friends more often
- we would eat with family or friends less often
- the type of food that we eat (please explain): _____

15. As a parent, I should decide the kind of food my child eats.

- Strongly disagree
- Slightly disagree
- Neither agree nor disagree
- Slightly agree
- Strongly agree

16. As a parent, I should decide the amount of food that my family eats.

- Strongly disagree
- Slightly disagree
- Neither agree nor disagree
- Slightly agree
- Strongly agree

17. How much do you keep track of the sweets (candy, ice cream, cake, pies, pastries) that your child eats?

- Never
- Seldom
- Half of the time
- Most of the time
- Always

18. How much do you keep track of the snack food (potato chips, corn chips, cheese puffs) that your child eats?

- Never
- Seldom
- Half of the time
- Most of the time
- Always

18a. During the past 7 days, how many times did your oldest K-5 child drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop)

- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

19. The following are statements that people have made about their food situation. Please indicate if the statement was often true, sometimes true, or never true for your household in the last 12 months.

a. "The food that we bought just didn't last, and we didn't have money to get more."

- Often true
- Sometimes true
- Never true

b. "We couldn't afford to eat balanced meals."

- Often true
- Sometimes true
- Never true

20. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes — If Yes, how often did this happen?
- No
- Almost every month
- Some months, but not every month
- Only 1 or 2 months

21. In the last 12 months, did you or other adults in your household ever eat less than you felt you should because there wasn't enough money for food?

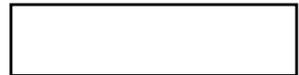
- Yes
- No

22. In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?

- Yes
- No



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III. ACTIVITY PATTERNS

These questions ask about physical activity. The first set of questions applies to your child in grades K-5 in the Bethel School District. If you have more than one child in grades K-5, please give answers about your oldest child in these grades.

1. On how many of the past 7 days did your oldest K-5 child exercise or participate in physical activity for at least 20 minutes that made him or her sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic exercise?

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

2. In a typical week, how many hours per day, on average, does your child watch TV or videos?

- less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 hours
- 5 hours or more
- does not watch TV or videos

3. In a typical week, how many hours per day, on average, does your child use a computer or play video games outside of school?

- less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 hours
- 5 hours or more
- does not use a computer outside of school

4. Please indicate any physical activities that your child participates in outside of school. [Mark all that apply]

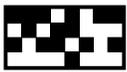
- baseball or softball
- basketball
- football
- dance
- soccer
- swimming
- track and field
- volleyball
- martial arts
- wrestling
- hockey or ice skating
- bowling
- biking
- gymnastics
- none
- other (please describe): _____

5. How does your child usually travel to school?

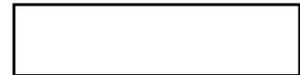
- walk
- bike
- skateboard or non-motorized scooter
- school bus
- by car in a carpool
- by car with parent and/or siblings
- city bus
- other (please describe): _____

6. How does your child usually travel when leaving school?

- walk
- bike
- skateboard or non-motorized scooter
- school bus
- by car in a carpool
- by car with parent and/or siblings
- city bus
- other (please describe): _____



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These questions ask about you. There are no right or wrong answers. Please answer these questions even if you do not consider yourself a physically active person.

7. During the last 7 days, how many days did you:
- | | 0
days | 1
day | 2
days | 3
days | 4
days | 5
days | 6
days | 7
days |
|----------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Walk for exercise? | <input type="radio"/> |
| b. Do heavy house cleaning, gardening, or yard work for at least 20 minutes at a time? | <input type="radio"/> |
| c. Exercise or participate in sports activities that made you sweat or breathe hard? | <input type="radio"/> |

8. During the last 7 days, how many days did you:
- | | 0
days | 1
day | 2
days | 3
days | 4
days | 5
days | 6
days | 7
days |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Encourage your child to be physically active? | <input type="radio"/> |
| b. Do a physical activity or played sports with your child? | <input type="radio"/> |
| c. Provide transportation so that your child could go to a place where he or she could do physical activities or play sports? | <input type="radio"/> |
| d. Watch your child participate in physical activity or sports? | <input type="radio"/> |
| e. Tell your child that physical activity is good for his or her health? | <input type="radio"/> |

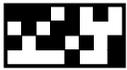
9. How important is it to you that your child participate in physical activity or sports?
 Not important Somewhat important Very important

10. How much do you enjoy physical activity or exercise?
 Not enjoyable Somewhat enjoyable Very enjoyable

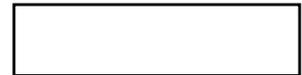
Now think about walking, bicycling, and other outside physical activities in your neighborhood.

11. How much do the following issues affect your decisions to allow your child to participate in outdoor physical activities?
- | | A great deal | | Some | | Not at all |
|--------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Children's activity schedules | <input type="radio"/> |
| b. Traffic hazards | <input type="radio"/> |
| c. Fear of violence or crime | <input type="radio"/> |
| d. Lack of sidewalks or pathways | <input type="radio"/> |
| e. Lack of available facilities such as parks or playgrounds | <input type="radio"/> |
| f. Weather | <input type="radio"/> |
| g. Child's homework | <input type="radio"/> |
| h. Having other children to play with | <input type="radio"/> |
| i. No one to supervise my child | <input type="radio"/> |
| j. No secure play area at my home | <input type="radio"/> |

12. How much do the following issues affect your decisions to limit your physical activities?
- | | A great deal | | Some | | Not at all |
|--------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Children's activity schedules | <input type="radio"/> |
| b. Traffic hazards | <input type="radio"/> |
| c. Fear of violence or crime | <input type="radio"/> |
| d. Lack of sidewalks or pathways | <input type="radio"/> |
| e. Lack of available facilities such as parks or playgrounds | <input type="radio"/> |
| f. Weather | <input type="radio"/> |
| g. Child's homework | <input type="radio"/> |
| h. No one to exercise or do activities with | <input type="radio"/> |
| i. No one to supervise my child/ren | <input type="radio"/> |



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IV. PERCEPTIONS OF NEIGHBORHOOD ENVIRONMENT

Think about the immediate neighborhood or area where you live. How much do you agree or disagree with each of the following statements?

1. Neighborhood surroundings

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a. My neighborhood is friendly.	<input type="radio"/>				
b. My neighborhood is attractive.	<input type="radio"/>				
c. I find it pleasant to walk or stroll in my neighborhood.	<input type="radio"/>				
d. I find many attractive natural sights (such as landscaping, nice views) in my neighborhood.	<input type="radio"/>				
e. I find many attractive buildings/homes in my neighborhood.	<input type="radio"/>				

2. Access to local services

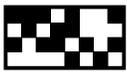
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a. I can do most of my shopping at my local neighborhood stores.	<input type="radio"/>				
b. Stores are within easy walking distance of my home (i.e., a 10-15 minute walk).	<input type="radio"/>				
c. Parking is easy in local shopping areas.	<input type="radio"/>				
d. It is easy to walk to a bus stop from my home.	<input type="radio"/>				
e. There are playgrounds, parks, gyms, running trails, biking trails, activity centers or fitness clubs close by that I can get to easily (i.e., within a 5-minute drive or 10-minute walk from home).	<input type="radio"/>				

3. About the people in your neighborhood

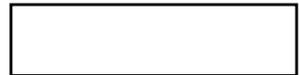
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a. People in my neighborhood are willing to help their neighbors.	<input type="radio"/>				
b. This is a close-knit neighborhood.	<input type="radio"/>				
c. People in my neighborhood can be trusted.	<input type="radio"/>				
d. People in my neighborhood generally get along with each other.	<input type="radio"/>				
e. People in my neighborhood share similar values.	<input type="radio"/>				

4. Neighborhood safety

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a. Gangs and domestic disturbances in my neighborhood are a problem.	<input type="radio"/>				
b. Violent crime in my neighborhood is a problem.	<input type="radio"/>				
c. Burglary and theft in my neighborhood are a problem.	<input type="radio"/>				
d. Alcohol and illegal drug use in my neighborhood are a problem.	<input type="radio"/>				
e. The crime rate in my neighborhood makes it unsafe to go on walks during the day.	<input type="radio"/>				
f. Overall, the crime rate is high in my neighborhood.	<input type="radio"/>				
g. Vandalism and graffiti are a problem in my neighborhood.	<input type="radio"/>				



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5. How satisfied are you with...

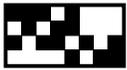
	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
a. the access to public transportation in your neighborhood?	<input type="radio"/>				
b. the access to shopping or grocery stores in your neighborhood?	<input type="radio"/>				
c. the number of people (e.g., relatives/friends) you know in your neighborhood?	<input type="radio"/>				
d. how easy and pleasant it is to walk in your neighborhood?	<input type="radio"/>				
e. the quality of facilities (e.g., activity centers, gyms) in your neighborhood?	<input type="radio"/>				
f. access to restaurants (sit-down type, not fast-food) in your neighborhood?	<input type="radio"/>				
g. the safety from crime in your neighborhood?	<input type="radio"/>				
h. the traffic speed in your neighborhood?	<input type="radio"/>				
i. traffic noise in your neighborhood?	<input type="radio"/>				
j. access to convenience food stores in your neighborhood?	<input type="radio"/>				

6. Neighborhood safety from traffic

- a. Think about the traffic conditions in your neighborhood, how safe do you feel walking or strolling in your neighborhood during the day?
 Very unsafe Unsafe Neither unsafe nor safe Safe Very safe

- b. Think about the traffic conditions in your neighborhood, how safe do you feel walking or strolling through crosswalks or across busy streets during the day?
 Very unsafe Unsafe Neither unsafe nor safe Safe Very safe

- c. Most drivers passing through my neighborhood drive above the speed limit making it unsafe to walk around the neighborhood.
 Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree



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7. Neighborhood Resources and Facilities

- a. How accessible are adult physical activity facilities (e.g., health/fitness clubs, senior activity centers) in your neighborhood?
 Not accessible at all Limited Somewhat accessible Easily accessible
- b. How accessible are physical activity facilities suitable for children (e.g., playgrounds) in your neighborhood?
 Not accessible at all Limited Somewhat accessible Easily accessible
- c. How difficult/easy is it to get to walking trails, and park or recreational facilities in your neighborhood?
 Very difficult Difficult Easy Very easy
- d. Are there any walking trails where you can walk or stroll in your neighborhood?
 Yes No
- e. Are there any parks where you can walk or stroll in your neighborhood?
 Yes No
- f. Are there any recreational facilities in your neighborhood?
 Yes No

V. DEMOGRAPHICS

1. In general, how would you rate your health during the past four weeks?

- Excellent Very good Good Fair Poor Very poor

2. Are you male or female?

- Male Female

2a. Race/Ethnicity:

- a. Do you consider yourself to be Hispanic or Latino? Yes No
- b. What race do you consider yourself to be? Select from the following:
 American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Some other race

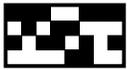
3. What is your age? years old

4. What is your height? feet inches

5. What is your weight? pounds

6. How many people live in your household, including yourself?

	0	1	2	3	4	5	6	7
a. Pre-school children (birth to K)	<input type="radio"/>							
b. Elementary school children (grades K-5)	<input type="radio"/>							
c. Middle school children (grades 6-8)	<input type="radio"/>							
d. High school children (grades 9-12)	<input type="radio"/>							
e. Adults (age 19-64)	<input type="radio"/>							
f. Seniors (age 65 and older)	<input type="radio"/>							



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7. Currently, are you employed outside the home?

- Yes No

If "Yes", how much are you typically working?

- Full time (36 or more hours per week)
 Part-time (less than 36 hours per week)

8. Do you rent or own your residence?

- Rent Own Other (please describe): _____

9. What type of residence do you currently live in?

- Apartment Single detached home Manufactured home Condominium
 Townhouse Mobile home/trailer Duplex/Triplex Recreational vehicle (RV)
 Other (please describe) _____

10. How long have you lived in the Bethel School District?

 years

11. Please estimate your total household income for the year 2010.

- Less than \$4,999 \$5,000 to \$9,999 \$10,000 to \$14,999 \$15,000 to \$19,999
 \$20,000 to \$24,999 \$25,000 to \$29,999 \$30,000 to \$34,999 \$35,000 to \$39,999
 \$40,000 to \$44,999 \$45,000 to \$49,999 \$50,000 to \$59,999 \$60,000 to \$69,999
 \$70,000 and over

12. What is your marital status?

- Single, never married Divorced Living together, not married
 Separated Married Widowed

13. What is the highest level of education you have completed?

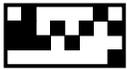
- Grades 0-8 High School Some college
 Grades 9-11 GED College graduate

14. Please indicate the primary health insurance that your child has:

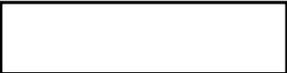
- Insurance through employer
 Federal insurance program such as Medicaid or State Childrens Health Insurance Program (SCHIP)
 Oregon Health Plan
 No insurance

COMMENTS:

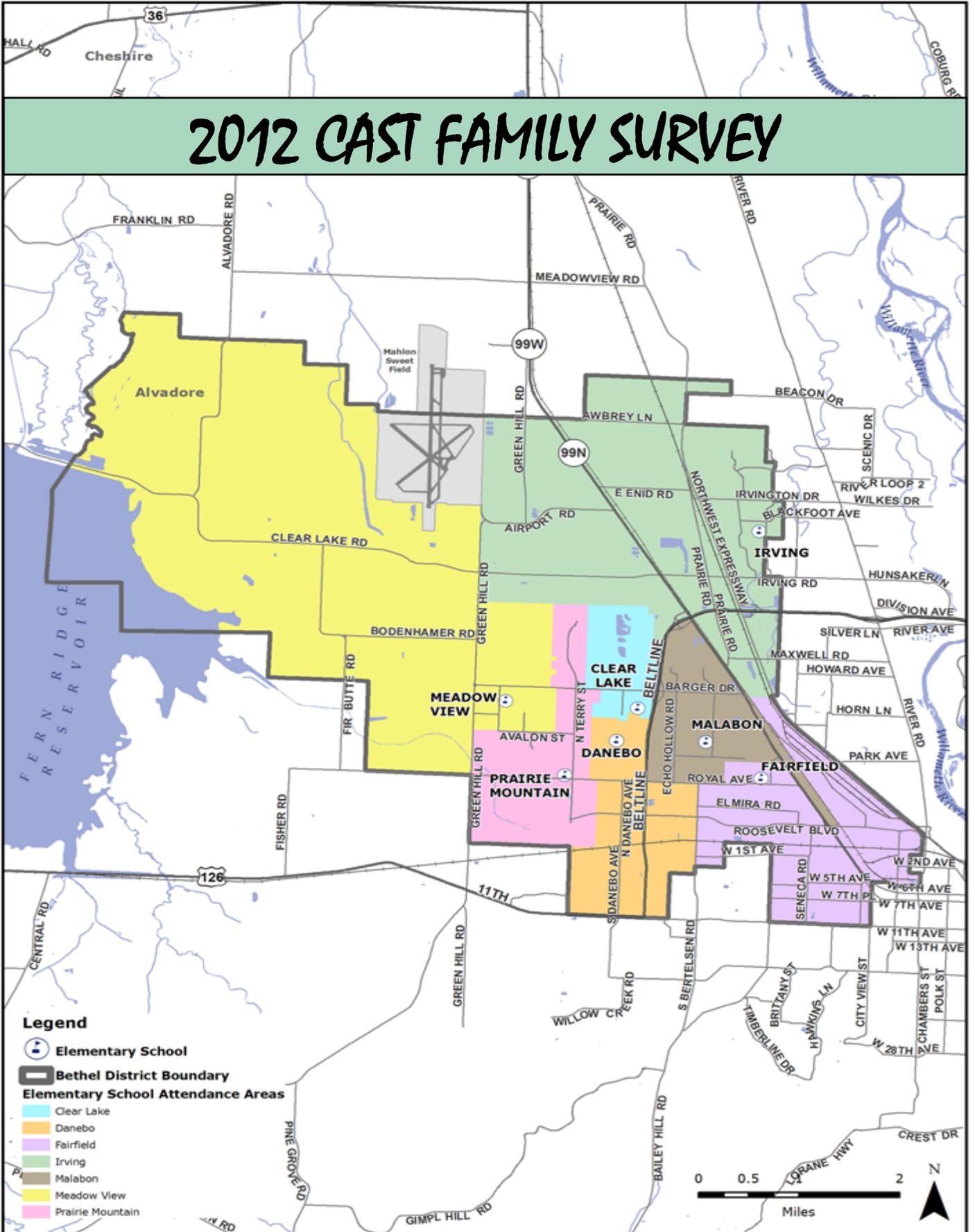


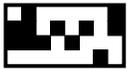


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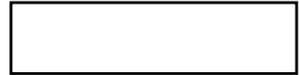


2012 CAST FAMILY SURVEY





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GENERAL INFORMATION:

- o This survey has five parts and will take about 30 minutes. Questions include your views about your child's school, eating, shopping practices, physical activities of your family, opinions about your neighborhood, and general information about your health and family.
- o All information you provide will be confidential.

INSTRUCTIONS:

1. Answer each of the questions to the best of your ability. Read each item carefully before answering.
2. This survey should be completed by the parent in the home who does most of the food shopping.
3. Some questions ask about your child in grades K-5. If you have more than one child in grades K-5, please answer about your oldest child in these grades.
4. Write any additional comments you wish to make at the end of this survey.
5. Return the survey in the envelope provided.

MARKING INSTRUCTIONS:

- o Please use a pen with **BLACK OR BLUE INK**.
- o Make solid marks that fill in the response bubbles. If you make a mistake, cross out your mistake, then mark and circle the correct answer.
- o Do not fold, bend or staple this questionnaire.

IMPORTANT: USE BLACK OR BLUE INK PEN

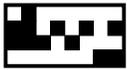
Shade Circles Like This → 

Not Like This →  

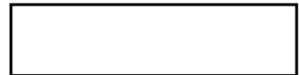
Mark Boxes Like This →

1	2
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 Age



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I. SCHOOL ENVIRONMENT

These questions ask about your oldest elementary school child's school environment.

1. Please rate how well you believe your oldest elementary school child's school promotes student health. Your school ...

	Yes	No	Don't know
a. follows written strategies to increase participation in school meal programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. provides enough time for students to eat lunch.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. provides information on the nutrition in school meals (e.g., calories, saturated fat, sugar)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. encourages staff to be role models for healthy behaviors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. ensures only healthy food served at class parties and other school celebrations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. enforces food is not being used as a reward in the school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. provides easy access to free drinking water.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. regulates food sold for fundraising at all times (not only during the school day).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Does the school district offer nutritious breakfast and lunch programs that are fully accessible to all students?

- Yes
- Offers breakfast and lunch programs, but they are not fully accessible to all students
- Offers only a lunch program
- The district offers neither a breakfast nor a lunch program
- I don't know about the school district meal program

3. Do school meals at your oldest elementary school child's school include a variety of foods?

- Yes, always
- Yes, frequently but not always
- Yes, rarely
- Not at all
- I don't know about the variety of foods served at my school

4. Is there fresh fruit available at lunch time on most days at your oldest child's elementary school?

- No
- Yes
- Don't know

5. Has your oldest elementary child participated in a taste test at your school to try a sample of a new food?

- No
- Yes
- Don't know

6. On a normal day, how many low fat food choices are available at your student's school cafeteria line?

- 0
- 1
- 2
- 3
- 4
- 5+
- Don't know

7. How much do you agree or disagree with this statement: "My student likes school cafeteria food."

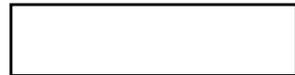
- Strongly agree
- Somewhat agree
- Neutral
- Somewhat disagree
- Strongly disagree

Does your oldest elementary school child's school...

	Yes	No	Don't know
8. offer enough physical education class time (not including recess) each week for students?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. provide adequate equipment for physical education (e.g., balls, jump ropes, floor mats)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. provide enough well maintained gym space to accommodate school-wide physical education classes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. allow community use of school facilities for physical activity outside of the school day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. allow the use of restricting physical activity as punishment for behavior?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. provide adequate recess time for students?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. evaluate student physical fitness (e.g., strength, flexibility tests)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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II. FAMILY EATING PATTERNS

These questions ask about your family and oldest elementary school child's eating pattern.

1. Besides stores, what other ways do you typically get food for your family? [Mark all that apply]

- Community garden
- Eating with family and friends at their homes
- Emergency dining sites
- Farmers market
- Fast Food
- Fishing
- Food pantry or food boxes
- Home garden
- Hunting
- Restaurants (with sit down table service)
- Farm stand/Local farm
- Home raised animals (e.g., for meat, milk, eggs)
- Other, please list: _____

2. In a typical week, on how many days did:

	0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
a. you, or someone else in your family, prepare your family's evening meal at home?	<input type="radio"/>							
b. your family eat your evening meal in a sit-down restaurant?	<input type="radio"/>							
c. your family eat your evening meal from a fast food restaurant where you ordered from the counter or drive through?	<input type="radio"/>							
d. your family share a meal with friends or extended family members?	<input type="radio"/>							
e. your family eat "ready-to-eat" meals (hot bar, deli) from the grocery store?	<input type="radio"/>							
f. your family eat your evening meal together at home <u>while watching television</u> ?	<input type="radio"/>							
g. your family eat your evening meal together at home <u>without watching television</u> ?	<input type="radio"/>							

3. On most days (5 or more) of a typical week, I...

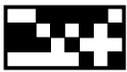
- eat breakfast at home
- eat breakfast away from home
- do not eat breakfast

4. During the school week, how many days a week does your oldest elementary school child usually...

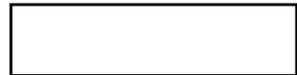
	0 days	1 day	2 days	3 days	4 days	5 days	DON'T KNOW
a. Eat breakfast at home?	<input type="radio"/>						
b. Eat breakfast at school?	<input type="radio"/>						
c. Eat breakfast somewhere else in the morning?	<input type="radio"/>						
d. Not eat breakfast?	<input type="radio"/>						
e. Bring lunch from home to school?	<input type="radio"/>						
f. Get lunch from the cafeteria line?	<input type="radio"/>						
g. Skip lunch completely?	<input type="radio"/>						

5. If you were to change your family's eating habits, what would you change? [Choose one answer]

- we would eat out more often
- we would eat out less often
- I wouldn't change anything
- we would eat with family or friends more often
- we would eat with family or friends less often
- the type of food that we eat (please explain): _____



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How much do you agree or disagree with the statements in questions 6 and 7?

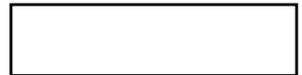
- 6. As a parent, I should decide the kind of food my oldest elementary school child eats.**
 Strongly disagree Slightly disagree Neither agree nor disagree Slightly agree Strongly agree
- 7. As a parent, I should decide the amount of food that my family eats.**
 Strongly disagree Slightly disagree Neither agree nor disagree Slightly agree Strongly agree
- 8. How much do you keep track of the sweets (candy, ice cream, cake, pies, pastries) that your child eats?**
 Never Seldom Half of the time Most of the time Always
- 9. How much do you keep track of the snack food (potato chips, corn chips, cheese puffs) that your child eats?**
 Never Seldom Half of the time Most of the time Always
- 9a. During the past 7 days, how many times did your oldest elementary school child drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop)**
 1 to 3 times during the past 7 days 1 time per day 3 times per day
 4 to 6 times during the past 7 days 2 times per day 4 or more times per day

How much do you agree or disagree with each statement below?

	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree
10. I offer sweets (candy, ice cream, cake) to my child/children as a reward for good behavior.	<input type="radio"/>				
11. My child/children should always eat all the food on their plate.	<input type="radio"/>				
12. I have to be especially careful to make sure my child/children eats enough.	<input type="radio"/>				
13. If my child/children says "I'm not hungry," I try to get them to eat anyway.	<input type="radio"/>				
14. If I don't regulate or guide my child/children's eating, they would eat much less than they should.	<input type="radio"/>				
15. I limit the amount of soda my child/children drinks.	<input type="radio"/>				
16. I limit the number of snacks my child/children eats.	<input type="radio"/>				
17. I limit the amount of time my child/children watches TV or videos during the week (Mon-Fri)	<input type="radio"/>				
18. I limit the amount of time my child/children watches TV or videos during the weekend (Sat/Sun)	<input type="radio"/>				
19. I limit the amount of time my child/children plays video games (like Game boy, Sega, Playstation) or is on the computer during the week (Mon-Fri)	<input type="radio"/>				
20. I limit the amount of time my child/children plays video games (like Game boy, Sega, Playstation) or is on the computer during the weekend (Sat/Sun)	<input type="radio"/>				
21. I offer TV, videos, or video games to my child/children as a reward for good behavior.	<input type="radio"/>				



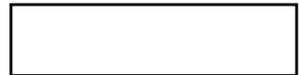
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- 22. When your oldest elementary school child is at home, how often are you responsible for feeding him or her?**
 Never Seldom Half of the time Most of the time Always
- 23. How often are you responsible for deciding what your oldest elementary school child's portion sizes are?**
 Never Seldom Half of the time Most of the time Always
- 24. How often are you responsible for deciding if your oldest elementary school child has eaten the right kind of foods?**
 Never Seldom Half of the time Most of the time Always
- 25. How concerned are you about your oldest elementary school child eating too much when you are not around?**
 Unconcerned A little concerned Concerned Fairly concerned Very concerned
- 26. How concerned are you about your oldest elementary school child having to diet to maintain a desirable weight?**
 Unconcerned A little concerned Concerned Fairly concerned Very concerned
- 27. How concerned are you about your oldest elementary school child becoming overweight?**
 Unconcerned A little concerned Concerned Fairly concerned Very concerned
- 28. The following are statements that people have made about their food situation. Please indicate if the statement was often true, sometimes true, or never true for your household in the last 12 months.**
- a. "The food that we bought just didn't last, and we didn't have money to get more."
 Often true Sometimes true Never true
- b. "We couldn't afford to eat balanced meals."
 Often true Sometimes true Never true
- 29. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?**
- Yes — If Yes, how often did this happen? No
- Almost every month
 Some months, but not every month
 Only 1 or 2 months
- 30. In the last 12 months, did you or other adults in your household ever eat less than you felt you should because there wasn't enough money for food?**
 Yes No
- 31. In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?**
 Yes No



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III. ACTIVITY PATTERNS

These questions ask about physical activity. The first set of questions applies to your oldest elementary school child in the Bethel School District. If you have more than one child in grades K-5, please give answers about your oldest child in these grades.

1. On how many of the past 7 days did your oldest elementary school child exercise or participate in physical activity for at least 20 minutes that made him or her sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic exercise?
 0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days

2. In a typical week, how many hours per day, on average, does your child watch TV or videos?
 less than 1 hour 2 hours 4 hours does not watch TV or videos
 1 hour 3 hours 5 hours or more

3. In a typical week, how many hours per day, on average, does your child use a computer or play video games outside of school?
 less than 1 hour 2 hours 4 hours does not use a computer outside of school
 1 hour 3 hours 5 hours or more

4. How does your oldest elementary school child usually travel to school?
 walk by car in a carpool
 bike by car with parent and/or siblings
 skateboard or non-motorized scooter city bus
 school bus other (please describe): _____

5. How does your oldest elementary school child usually travel when leaving school?
 walk by car in a carpool
 bike by car with parent and/or siblings
 skateboard or non-motorized scooter city bus
 school bus other (please describe): _____

6. During the past 7 days, how many days did your oldest elementary school child do physical activity or sports at these locations?
- | | 0 days | 1 day | 2 days | 3 days | 4 days | 5 days | 6 days | 7 days |
|------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. school grounds (weekends only) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | |
| b. school grounds (after-school only) | <input type="radio"/> | | |
| c. public recreation center | <input type="radio"/> |
| d. park or playground | <input type="radio"/> |
| e. commercial facility (e.g., YMCA/YWCA, Boys and Girls Club, health club, dance studio) | <input type="radio"/> |
| f. neighborhood (e.g., vacant lot; field) | <input type="radio"/> |
| g. other location, specify: _____ | <input type="radio"/> |

7. At your child's school, are there supervised physical activity programs for all interested students?
- | | Yes | No | Don't know |
|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Before school | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. During lunch break | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. After school | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. On weekends | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. During the summer | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

8. Have you seen any articles on physical activity in your oldest elementary school child's school newsletter?
 Yes No



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These questions ask about you. There are no right or wrong answers. Please answer these questions even if you do not consider yourself a physically active person.

9. During the last 7 days, on how many days did you walk for at least 10 minutes at a time in your leisure time?

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

10. How much time did you usually spend on one of those days walking in your leisure time?

minutes per day

11. Think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do vigorous physical activities like heavy yardwork, aerobics, running, fast bicycling or fast swimming in your leisure time?

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

12. How much time did you usually spend on one of those days doing vigorous physical activities in your leisure time?

minutes per day

13. How much do you enjoy physical activity or exercise?

- Not enjoyable Somewhat enjoyable Very enjoyable

Now think about walking, bicycling, and other outside physical activities in your neighborhood.

14. How much do the following issues affect your decisions to allow your oldest elementary school child to participate in outdoor physical activities?

	A great deal		Some		Not at all
a. Children's activity schedules	<input type="radio"/>				
b. Traffic hazards	<input type="radio"/>				
c. Fear of violence or crime	<input type="radio"/>				
d. Lack of sidewalks or pathways	<input type="radio"/>				
e. Lack of available facilities such as parks or playgrounds	<input type="radio"/>				
f. Weather	<input type="radio"/>				
g. Child's homework	<input type="radio"/>				
h. Having other children to play with	<input type="radio"/>				
i. No one to supervise my child	<input type="radio"/>				
j. No secure play area at my home	<input type="radio"/>				

15. How much do the following issues affect your decisions to limit your physical activities?

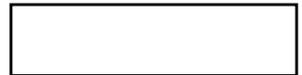
	A great deal		Some		Not at all
a. Children's activity schedules	<input type="radio"/>				
b. Traffic hazards	<input type="radio"/>				
c. Fear of violence or crime	<input type="radio"/>				
d. Lack of sidewalks or pathways	<input type="radio"/>				
e. Lack of available facilities such as parks or playgrounds	<input type="radio"/>				
f. Weather	<input type="radio"/>				
g. Child's homework	<input type="radio"/>				
h. No one to exercise or do activities with	<input type="radio"/>				
i. No one to supervise my child/ren	<input type="radio"/>				

16. How important is it to you that your oldest elementary school child participate in physical activity or sports?

- Not important Somewhat important Very important



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IV. PERCEPTIONS OF NEIGHBORHOOD ENVIRONMENT

Think about the immediate neighborhood or area where you live. How much do you agree or disagree with each of the following statements?

1. Neighborhood surroundings

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a. My neighborhood is friendly.	<input type="radio"/>				
b. My neighborhood is attractive.	<input type="radio"/>				
c. I find it pleasant to walk or stroll in my neighborhood.	<input type="radio"/>				
d. I find many attractive natural sights (such as landscaping, nice views) in my neighborhood.	<input type="radio"/>				
e. I find many attractive buildings/homes in my neighborhood.	<input type="radio"/>				

2. Access to local services

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a. I can do most of my shopping at my local neighborhood stores.	<input type="radio"/>				
b. Stores are within easy walking distance of my home (i.e., a 10-15 minute walk).	<input type="radio"/>				
c. Parking is easy in local shopping areas.	<input type="radio"/>				
d. It is easy to walk to a bus stop from my home.	<input type="radio"/>				
e. There are playgrounds, parks, gyms, running trails, biking trails, activity centers or fitness clubs close by that I can get to easily (i.e., within a 5-minute drive or 10-minute walk from home).	<input type="radio"/>				

3. About the people in your neighborhood

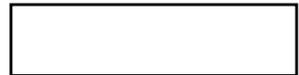
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a. People in my neighborhood are willing to help their neighbors.	<input type="radio"/>				
b. This is a close-knit neighborhood.	<input type="radio"/>				
c. People in my neighborhood can be trusted.	<input type="radio"/>				
d. People in my neighborhood generally get along with each other.	<input type="radio"/>				
e. People in my neighborhood share similar values.	<input type="radio"/>				

4. Neighborhood safety

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a. Gangs and domestic disturbances in my neighborhood are a problem.	<input type="radio"/>				
b. Violent crime in my neighborhood is a problem.	<input type="radio"/>				
c. Burglary and theft in my neighborhood are a problem.	<input type="radio"/>				
d. Alcohol and illegal drug use in my neighborhood are a problem.	<input type="radio"/>				
e. The crime rate in my neighborhood makes it unsafe to go on walks during the day.	<input type="radio"/>				
f. Overall, the crime rate is high in my neighborhood.	<input type="radio"/>				
g. Vandalism and graffiti are a problem in my neighborhood.	<input type="radio"/>				



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5. How satisfied are you with...

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
a. the access to public transportation in your neighborhood?	<input type="radio"/>				
b. the access to shopping or grocery stores in your neighborhood?	<input type="radio"/>				
c. the number of people (e.g., relatives/friends) you know in your neighborhood?	<input type="radio"/>				
d. how easy and pleasant it is to walk in your neighborhood?	<input type="radio"/>				
e. the quality of facilities (e.g., activity centers, gyms) in your neighborhood?	<input type="radio"/>				
f. access to restaurants (sit-down type, not fast-food) in your neighborhood?	<input type="radio"/>				
g. the safety from crime in your neighborhood?	<input type="radio"/>				
h. the traffic speed in your neighborhood?	<input type="radio"/>				
i. traffic noise in your neighborhood?	<input type="radio"/>				
j. access to convenience food stores in your neighborhood?	<input type="radio"/>				

6. Neighborhood safety from traffic

- a. Think about the traffic conditions in your neighborhood, how safe do you feel walking or strolling in your neighborhood during the day?
 Very unsafe Unsafe Neither unsafe nor safe Safe Very safe

- b. Think about the traffic conditions in your neighborhood, how safe do you feel walking or strolling through crosswalks or across busy streets during the day?
 Very unsafe Unsafe Neither unsafe nor safe Safe Very safe

- c. Most drivers passing through my neighborhood drive above the speed limit making it unsafe to walk around the neighborhood.
 Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree



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7. Neighborhood Resources and Facilities

- a. How accessible are adult physical activity facilities (e.g., health/fitness clubs, senior activity centers) in your neighborhood?
 Not accessible at all Limited Somewhat accessible Easily accessible
- b. How accessible are physical activity facilities suitable for children (e.g., playgrounds) in your neighborhood?
 Not accessible at all Limited Somewhat accessible Easily accessible
- c. How difficult/easy is it to get to walking trails, and park or recreational facilities in your neighborhood?
 Very difficult Difficult Easy Very easy
- d. Are there any walking trails where you can walk or stroll in your neighborhood?
 Yes No
- e. Are there any parks where you can walk or stroll in your neighborhood?
 Yes No
- f. Are there any recreational facilities in your neighborhood?
 Yes No

V. DEMOGRAPHICS

1. In general, how would you rate your health during the past four weeks?

- Excellent Very good Good Fair Poor Very poor

2. Are you male or female?

- Male Female

2a. Race/Ethnicity:

- a. Do you consider yourself to be Hispanic or Latino? Yes No
- b. What race do you consider yourself to be? Select from the following:
 American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Some other race

3. What is your age? years old

4. What is your height? feet inches

5. What is your weight? pounds

6. How many people live in your household, including yourself?

	0	1	2	3	4	5	6	7
a. Pre-school children (birth to K)	<input type="radio"/>							
b. Elementary school children (grades K-5)	<input type="radio"/>							
c. Middle school children (grades 6-8)	<input type="radio"/>							
d. High school children (grades 9-12)	<input type="radio"/>							
e. Adults (age 19-64)	<input type="radio"/>							
f. Seniors (age 65 and older)	<input type="radio"/>							



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7. Currently, are you employed outside the home?

- Yes No

If "Yes", how much are you typically working?

- Full time (36 or more hours per week)
 Part-time (less than 36 hours per week)

8. Do you rent or own your residence?

- Rent Own Other (please describe): _____

9. What type of residence do you currently live in?

- Apartment Single detached home Manufactured home Condominium
 Townhouse Mobile home/trailer Duplex/Triplex Recreational vehicle (RV)
 Other (please describe) _____

10. How long have you lived in the Bethel School District?

 years

11. Please estimate your total household income for the year 2010.

- Less than \$4,999 \$5,000 to \$9,999 \$10,000 to \$14,999 \$15,000 to \$19,999
 \$20,000 to \$24,999 \$25,000 to \$29,999 \$30,000 to \$34,999 \$35,000 to \$39,999
 \$40,000 to \$44,999 \$45,000 to \$49,999 \$50,000 to \$59,999 \$60,000 to \$69,999
 \$70,000 and over

12. What is your marital status?

- Single, never married Divorced Living together, not married
 Separated Married Widowed

13. What is the highest level of education you have completed?

- Grades 0-8 High School Some college
 Grades 9-11 GED College graduate

14. Please indicate the primary health insurance that your child has:

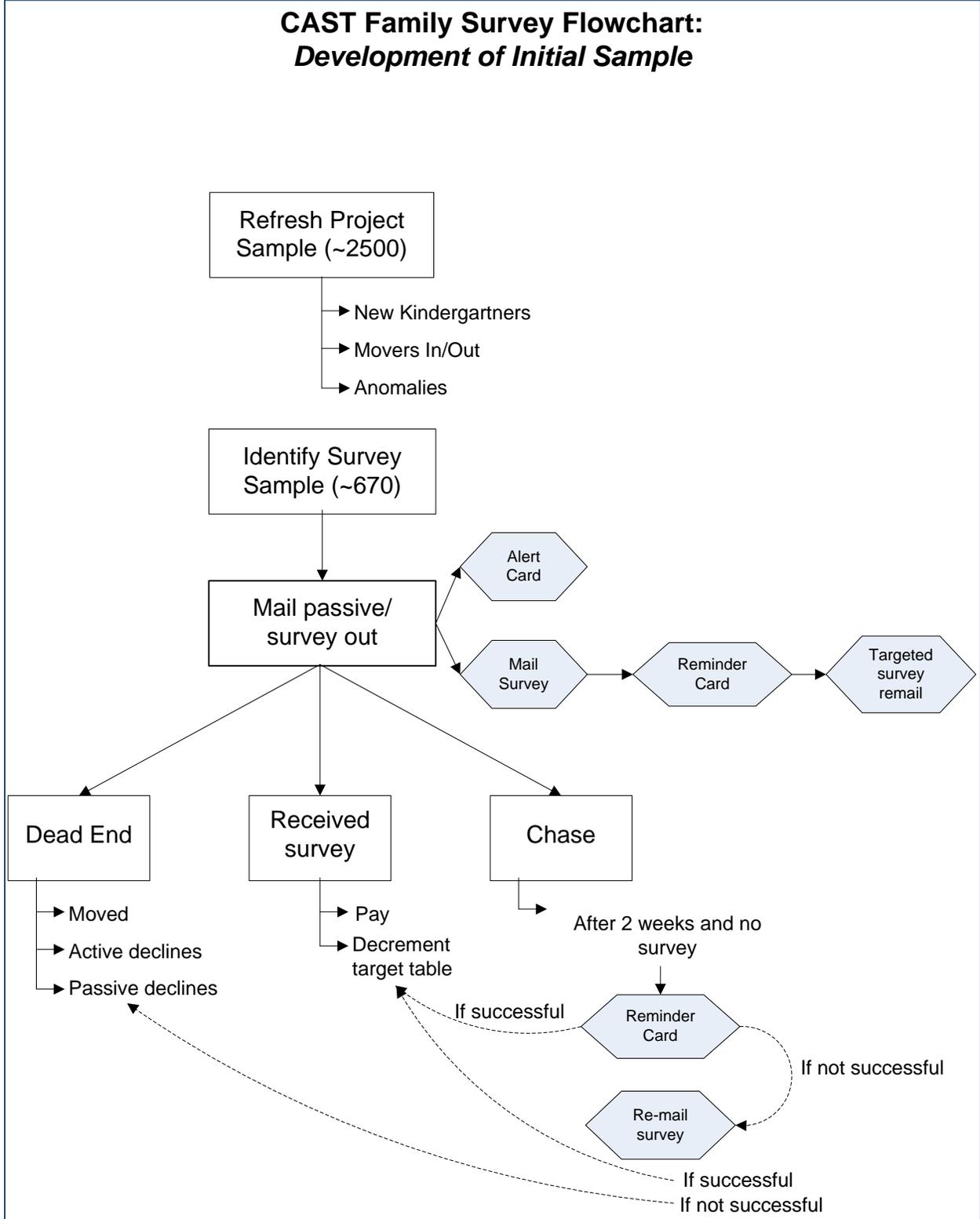
- Insurance through employer
 Federal insurance program such as Medicaid or State Childrens Health Insurance Program (SCHIP)
 Oregon Health Plan
 No insurance

COMMENTS:



CAST Family Survey Flow Chart

**CAST Family Survey Flowchart:
Development of Initial Sample**



Pre-Testing of CAST Survey:

First Pre-Test Interview with ORI Staff

This protocol contains scripted probes for a concurrent initial pre-test of the rough draft of the CAST Family Survey. The approach in this test involves verbal interviewing. Please allow 1 ½ - 2 hours for your interview. You should record your notes on the survey instrument for each question to capture the nuanced exchange that transpires in this pre-testing process.

Types of probes and their definitions:

Comprehension/Interpretation probe (CIP): asks questions to determine respondents understanding or

interpretation of terms or the full question.

Paraphrasing: Examines respondents understanding of the question by asking them to repeat in their own words

Confidence judgment: asks questions to examine how well respondents feel their answers answer the question as

posed

Recall probe: queries respondent on the process they use to remember events to answer the question accurately

Specific probe:: questions asked to address specific concerns on questions believed to be potentially problematic by

survey developers

General probe: asks respondent an overall question on the question they completed. **IN OUR FIRST PRE-TEST, ASK RESPONDENTS**

Procedures for Pre-Testing:

1. Describe the overall purpose of the survey and that we are using these first interviews to finalize the survey for dissemination in November 2009. We will take responses in this first pre-test, make revisions to the survey, and do a second round of pre-testing with members of the Neighborhood Survey Work Group.
2. Stress that we are not collecting survey data, but testing the items for questions that "may be difficult to understand, hard to answer, or that make little sense (Willis, 1999)."
3. Share with respondents that we are mainly interested in the way they arrive at their answers and any problems they encounter with questions.
4. Share that you will be taking notes during the interview.
5. Share that you are asking respondents to read and complete each question one by one, and that you will then ask questions about their experience with each item as you go through the survey together.
6. Have the respondent also read directions themselves as provided in the various sections of the survey.
7. The first probe for each question is a general probe: **"Do you have any general comments about this question?" before you begin any of the specified probes.** If the respondent, by answering the general probe, covers all scripted probes for the question, skip those probes and move on to the next survey question.

8. Share that there are some questions in the survey that ask respondents questions about their child in K-5. If they have more than one child in Bethel elementary school, ask them to focus their responses on the oldest child.
9. Prompt respondents to put themselves in the role of a Bethel elementary school parent with at least Bethel child in K-5. Ask the respondent to describe the parent "identity" they are assuming for pre-testing purposes (i.e., mother of a Kindergartner and third grader at Prairie Mountain).
10. Have fun!!!