



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 participate in the evaluation.*


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 (upper 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 **xx** minutes to complete. If you have additional questions, please contact us at 1-888-307-7473 (it's a free call). Ask for Bettina or Monica.

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: If you have more than one child at Franklin Elementary School, pick one child and think of that child for all the questions.

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 last month,	Never	Very Seldom	Once in a while	Frequently	Very Frequently	I'm usually not involved in meal preparation
18. How frequently 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. How frequently 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. How frequently 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. How frequently 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"/>

PART B. FRUIT AND VEGETABLE CONSUMPTION

22. 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

23. 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

24. About how long have you been eating this number of daily servings of vegetables and fruit?

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

PART C. BUYING PRODUCE AND EATING OUT

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

- Never
- Very seldom
- Once in a while
- Frequently
- Very frequently

How much do you agree or disagree with the following:	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Sure
26. Restaurants in my neighborhood offer a good selection of fruit and vegetable items on the menu.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Restaurants in my neighborhood allow customers to substitute fruits or vegetables in place of higher-fat, higher calorie side orders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Restaurants in my neighborhood advertise or promote entrees or side dishes that contain fruits and vegetables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Grocery stores in my neighborhood offer a good selection of fruits and vegetables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Grocery stores in my neighborhood advertise fruits and vegetables throughout the store.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Convenience stores in my neighborhood offer fruit and vegetable items for purchase.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Convenience stores in my neighborhood advertise fruits and vegetables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PART D. PHYSICAL ACTIVITY

33. 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.

34. 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

35. 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

36. 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

37. 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

How much do you agree or disagree with the following:	Strongly Disagree	Disagree	Agree	Strongly Agree
38. Generally being more active for at least 30 minutes each day is enough to improve your health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Half an hour of brisk walking on most days is enough to improve your health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. To improve your health, it is essential for you to do vigorous exercise for at least 20 minutes each time, three times a week.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Exercise doesn't have to be done all at one time – blocks of 10 minutes are okay.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PART E. ABOUT YOUR NEIGHBORHOOD

Please rate your current knowledge of the following:	Low 1	2	3	4	High 5
42. 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"/>
43. 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"/>
44. What the distances are to stores or places nearby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. 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

46. 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

47. In the past 12 months, have you participated in a Walking Club or an informal Walking Group (2 or more people who get together to walk)?

- Yes
- No (GO TO QUESTION 49)

48. If you answered 'YES,' please tell us how often in the past 12 months you walked with the Walking Club or Walking Group.

- Once or twice
- 3 - 5 times
- 6 - 10 times
- About once a month
- 2 - 3 times a month
- 1 - 2 times a week
- Several times a week
- Every day

49. 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

Please tell us which of the following influence how much you walk.	Not a reason at all	Not much of a reason	Somewhat of a reason	A major reason
50. Things are too far to get to and it is not convenient to walk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. Not enough time to walk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. The bad weather	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. It is hard to walk where I live because of traffic and lack of places to walk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. It is hard to walk where I live because there are not enough sidewalks or crosswalks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tell us which of the following influence how much you walk.	Not a reason at all	Not much of a reason	Somewhat of a reason	A major reason
55. Physically I am unable to walk more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. I do not like to walk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. There is too much crime to walk where I live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. I lack someone to walk with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PART G. 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. Are you Hmong?

Yes

No

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

White

American Indian

Black or African American

Asian

Pacific Islander

Alaska Native

Native Hawaiian or Other

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

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

66. 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

64. What is your present marital status?

- Married
- Divorced
- Separated
- Widowed
- Never married

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

- Yes
- No

67a. If yes, which language(s)?

65. What year were you born? 19 --

19 --

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

Example:
 1951 ↓
 ●5 ● 1

The End!

Thank you for your assistance with this project!
Please use the postage paid enclosed envelope
to return the completed survey to us!