



Home Survey

School Nutrition and Activity Project

We invite you to complete this survey. Your participation is voluntary. However, it is strongly encouraged because it may benefit the future health and education of children in Prince Edward Island. This survey is to be completed by parent/guardian(s). When you have completed the survey please return it, along with the signed consent form, in the envelope that has been provided.

The questions on the survey ask about you and your child who is currently in grade five or six. Please take your time and choose the answer that best describes you and your fifth/sixth grade child. There are no right or wrong answers. The survey takes approximately 5-10 minutes to complete. Your responses will be kept PRIVATE. Your answers will only be seen by researchers at the University of Prince Edward Island. The survey is anonymous so please do NOT put your name on any of the pages.

Section 1. My Child's Eating Habits

1. How often does your Grade 5/6 child have something for breakfast?

- Every day
- Some days
- Rarely
- Weekends only
- Never

2. What type of milk does your Grade 5/6 child usually drink?

- Whole milk
- 2%
- 1%
- Skim milk
- Don't drink milk

These next questions are about your child's activities and health.

3. Think about the last year. Please indicate how often your Grade 5/6 child usually does the following activities, outside of school hours.

	Never	Less than once a week	1 to 3 times a week	4 or more times a week
a. Play sports or do physical activity <u>WITHOUT</u> a coach or instructor (such as riding a bike, skateboarding, roller-blading, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Play sports <u>WITH</u> a coach or instructor, other than in gym class (soccer, swimming lessons, hockey, gymnastics, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Use a computer or play video games?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Watch TV?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. On average, about how many hours per day does your Grade 5/6 child spend on the following activities, outside of school hours?

	Less than 1 hour a day	1-2 hours a day	3-4 hours a day	5-6 hours a day	7 or more hours a day
a. Using a computer or playing video games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Watching TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Has your Grade 5/6 child ever had wheezing or whistling in the chest at **any time in the past?**

- Yes No

If you have answered NO, please go to question 8.

6. Has your Grade 5/6 child had wheezing or whistling in the chest **in the past 12 months?**

- Yes No

If you have answered NO, please go to question 8.

7. How many attacks of wheezing has your child had in the past 12 months?

- | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| None | 1 to 3 | 4 to 12 | More than 12 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

8. Has your child ever had asthma?

- Yes No

These final questions are about you.

9. What is the highest level of education that you have received?

- No Schooling
- Elementary
- Secondary
- Community College/Technical College
- University
- Graduate University

10. What is your current household income from all sources?

- Less than \$20,000
- \$20,001 to \$40,000
- \$40,001 to \$60,000
- \$60,001 to \$80,000
- More than \$80,000
- Don't know
- No Response

Thank you for taking part in this survey!