

## **CTEPP**

### **CHILD ACTIVITY DIARY (FORM #9) (PARENT-CHILDREN ATTEND DAY CARE)**

The Child Activity Diary is used to collect information on the child's daily activities during the 48-hour air sampling period. Form #8 is for parents of children who do not attend day care. Form #9 is for parents of children who attend day care. They are almost identical. The only difference of the two forms is recording time periods for the child's activities. Form #9 has a shorter recording time period than that of Form #8 because the child spends part of the day at the day care center. The form is designed as a Self-Administered Questionnaire (SAQ), which will be completed by the parent. The estimated time to complete this form is 60 minutes.

(FORM #9)

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☆ The shaded areas are the time periods to be recorded in this child activity diary. It is about the same as the 48-hour air monitoring period. Complete 2 pages for each time period.

**TIME PERIOD #1**

<b>Time Period #1:</b> _____ day, _____ (date) <b>From</b> the time your child left the day care center <b>Until</b> his/her bed time		1. When did your child leave the day care center? <input type="text"/> : <input type="text"/> : <input type="text"/> AM/ PM <hr/> 2. When did your child go to bed? <input type="text"/> : <input type="text"/> : <input type="text"/> AM/PM	
3a. How long (hours, minutes) did <b>your child</b> stay outdoors during this period of time? <input type="text"/> hours <input type="text"/> minutes 3b. How long (hours, minutes) did <b>you</b> stay outdoors during this period of time? <input type="text"/> hours <input type="text"/> minutes		<div style="border: 1px solid black; padding: 5px;">         4. Did your child do any of the following things during this period of time (<b>Time Period #1</b>)?    <b>You may check more than one:</b>  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> a. Play/swim in a pool.           <input type="checkbox"/> h. Eat on the floor inside the house.         </div> <div style="width: 50%;"> <input type="checkbox"/> b. Walk barefoot in the yard.           <input type="checkbox"/> i. Wash hands before eating.         </div> <div style="width: 50%;"> <input type="checkbox"/> c. Dig in the yard.           <input type="checkbox"/> j. Walk barefoot inside the house.         </div> <div style="width: 50%;"> <input type="checkbox"/> d. Eat dirt or sand.           <input type="checkbox"/> k. Take a bath.         </div> <div style="width: 50%;"> <input type="checkbox"/> e. Play with pets.           <input type="checkbox"/> l. Suck thumb, fingers, or toes.         </div> <div style="width: 50%;"> <input type="checkbox"/> f. Put toys in the mouth.           <input type="checkbox"/> m. Eat somewhere away from home.         </div> <div style="width: 50%;"> <input type="checkbox"/> g. Eat outside the house.           <input type="checkbox"/> n. Go somewhere away from home.         </div> </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">         4a. <b>Where</b> away from home?   <hr/>         4b. <b>How</b> did your child go there?  <input type="checkbox"/> by Car,    <input type="checkbox"/> by Bus,    <input type="checkbox"/> by Truck,  <input type="checkbox"/> by Bike, or <input type="checkbox"/> Walk there.       </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">         4c. Time needed to get there (and return):  <input type="text"/> hours <input type="text"/> minutes   <b>Total time away from home:</b>  <input type="text"/> hours <input type="text"/> minutes       </div>	
5. <b>Where</b> (which room) did your child <b>spend most time indoors</b> at home?		5.	
6. <b>Where</b> did your child <b>spend most time outdoors</b> at home?		6.	
7a. Did you take your child's hand-wipe sample <b>before</b> he/she washed hands and prepared for dinner? <input type="checkbox"/> Yes <input type="checkbox"/> No 7b. Did you take your own hand-wipe sample? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8a. Did you take your child's urine sample after dinner, before he/she went to bed? <input type="checkbox"/> Yes <input type="checkbox"/> No 8b. Did you take your own urine sample? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9a. Did you collect the same amount of food that your child ate and drank? <input type="checkbox"/> Yes <input type="checkbox"/> No 9b. Did you collect the same amount of food that you ate and drank? <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. Please write down any <b>snacks and meals</b> that <b>your child</b> ate and drank (including water) during this period of time: <b>CHILD's Dinner and Snacks:</b> [PLEASE INDICATE IF FOOD WAS NOT PREPARED AT HOME; FOR EXAMPLE: PIZZA (DOMINO'S)]          How many cups (8 oz. Cup) of water did your child drink?      [        ] Cup(s)			
11. Please write down any <b>snacks and meals</b> that <b>you</b> ate and drank (including water) during this period of time: <b>PARENT's Dinner and Snacks:</b> [PLEASE INDICATE IF FOOD WAS NOT PREPARED AT HOME; FOR EXAMPLE: PIZZA (DOMINO'S)]          How many cups (8 oz. Cup) of water did you drink?      [        ] Cup(s)			

# TIME PERIOD #1

## Activity Diary

12. This question asks about your child's activity level and the kinds of surfaces where he/she spent time on the activities during this time period (**Time Period #1**). Please take a moment to think about your child's activities during this period of time (Active Play, Quiet Play, or Napping/Sleeping) and estimate the **total amount of time** your child spent on each type of surface doing Active Play, Quiet Play, or Napping/Sleeping. Also included in this question is the **type of clothing worn by your child** during this period of time. If there was no activity on a type of surface, please check the box for "NONE."

Surface Type and Location of the Activities	Estimated Time Spent on Each Play Activity and Surface			Type of Clothing Worn while doing activities on each type of surface (Please ✓ All that Apply)
	Active Play (✓ only one box) running, jumping, dancing, playing sports, and other high-energy body movement activities	Quiet Play (✓ only one box) coloring, playing computer games, watching TV, reading, listening to story, playing in the sandbox, and other low- to moderate-energy body movement activities	Napping/Sleeping (✓ only one box)	
<b>Home - Indoors</b> [Hard Surfaces include tile, vinyl, hardwood, brick, etc.]				
a. Carpet/Rugs Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
b. Hard Surfaces Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
c. Upholstery & Bedding Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
d. Other Indoors Total Time:				
<b>Home - Outdoors</b> [Paved Surfaces include concrete, asphalt, brick, rock, etc.]				
e. Grass Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
f. Dirt/Soil Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
g. Paved Surface Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
h. Wooden Deck - Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
i. Other Outdoors Total Time:				
j. At Day Care Total Time:				

**TIME PERIOD #2**

<b>Time Period #2:</b> _____ <b>day,</b> _____ (date) <b>From</b> the time your child woke up <b>Until</b> the time he/she arrived at the day care center		1. When did your child wake up? <input type="text"/> : <input type="text"/> : <input type="text"/> AM/ PM <hr/> 2. When did your child arrive at the day care center? <input type="text"/> : <input type="text"/> : <input type="text"/> AM/ PM	
3a. How long (hours, minutes) did <b>your child</b> stay outdoors during this period of time? <input type="text"/> hours <input type="text"/> minutes 3b. How long (hours, minutes) did <b>you</b> stay outdoors during this period of time? <input type="text"/> hours <input type="text"/> minutes			
4. Did your child do any of the following things during this period of time ( <b>Time Period #2</b> )? <b>You may check more than one:</b>  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> a. Play/swim in a pool.  <input type="checkbox"/> b. Walk barefoot in the yard.  <input type="checkbox"/> c. Dig in the yard.  <input type="checkbox"/> d. Eat dirt or sand.  <input type="checkbox"/> e. Play with pets.  <input type="checkbox"/> f. Put toys in the mouth.  <input type="checkbox"/> g. Eat outside the house.         </div> <div style="width: 50%;"> <input type="checkbox"/> h. Eat on the floor inside the house.  <input type="checkbox"/> i. Wash hands before eating.  <input type="checkbox"/> j. Walk barefoot inside the house.  <input type="checkbox"/> k. Take a bath.  <input type="checkbox"/> l. Suck thumb, fingers, or toes.  <input type="checkbox"/> m. Eat somewhere away from home.  <input type="checkbox"/> n. Go somewhere away from home.         </div> </div> <p>If your child went somewhere away from home (<b>including going to your child's day care</b>), please answer 4a, 4b &amp; 4c</p>		4a. <b>Where</b> away from home?  <hr/> 4b. <b>How</b> did your child go there? <input type="checkbox"/> by Car, <input type="checkbox"/> by Bus, <input type="checkbox"/> by Truck, <input type="checkbox"/> by Bike, or <input type="checkbox"/> Walk there.	
		4c. Time needed to get there (and return): <input type="text"/> hours <input type="text"/> minutes  <b>Total time away from home:</b> <input type="text"/> hours <input type="text"/> minutes	
5. <b>Where</b> (which room) did your child <b>spend most time indoors</b> t home?		5.	
6. <b>Where</b> did your child <b>spend most time outdoors</b> at home?		6.	
7a. Did you take your child's urine sample after he/she woke up?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
7b. Did you take your own urine sample after you woke up?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8a. Did you collect the same amount of food that your child ate and drank?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8b. Did you collect the same amount of food that you ate and drank?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Please write down any <b>snacks and meals</b> that <b>your child</b> ate and drank (including water) during this period of time: <b>CHILD's Breakfast and Snacks:</b> [PLEASE INDICATE IF FOOD WAS NOT PREPARED AT HOME; FOR EXAMPLE: PIZZA (DOMINO'S)]          How many cups (8 oz. Cup) of water did your child drink?        [        ] Cup(s)			
10. Please write down any <b>snacks and meals</b> that <b>you</b> ate and drank (including water) during this period of time: <b>PARENT's Breakfast and Snacks:</b> [PLEASE INDICATE IF FOOD WAS NOT PREPARED AT HOME; FOR EXAMPLE: PIZZA (DOMINO'S)]          How many cups (8 oz. Cup) of water did you drink?            [        ] Cup(s)			

## TIME PERIOD #2

### Activity Diary

11. This question asks about your child's activity level and the kinds of surfaces where he/she spent time on the activities during this time period (**Time Period #2**). Please take a moment to think about your child's activities during this period of time (Active Play, Quiet Play, or Napping/Sleeping) and estimate the **total amount of time** your child spent on each type of surface doing Active Play, Quiet Play, or Napping/Sleeping. Also included in this question is the **type of clothing worn by your child** during this period of time. If there was no activity on a type of surface, please check the box for "NONE."

Surface Type and Location of the Activities	Estimated Time Spent on Each Play Activity and Surface			Type of Clothing Worn while doing activities on each type of surface (Please ✓ All that Apply)
	Active Play (✓ only one box) running, jumping, dancing, playing sports, and other high-energy body movement activities	Quiet Play (✓ only one box) coloring, playing computer games, watching TV, reading, listening to story, playing in the sandbox, and other low- to moderate-energy body movement activities	Napping/Sleeping (✓ only one box)	
<b>Home - Indoors</b> [Hard Surfaces include tile, vinyl, hardwood, brick, etc.]				
a. Carpet/Rugs Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
b. Hard Surfaces Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
c. Upholstery & Bedding Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
d. Other Indoors Total Time:				
<b>Home - Outdoors</b> [Paved Surfaces include concrete, asphalt, brick, rock, etc.]				
e. Grass Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
f. Dirt/Soil Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
g. Paved Surface Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
h. Wooden Deck - Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
i. Other Outdoors Total Time:				
j. At Day Care Total Time:				

**TIME PERIOD #3**

<b>Time Period #3:</b> _____ <b>day,</b> _____ (date) <b>From</b> the time your child left the day care center <b>Until</b> his/her bed time		1. When did your child leave the day care center? <input type="text"/> : <input type="text"/> AM/ PM 2. When did your child go to bed? <input type="text"/> : <input type="text"/> AM/ PM	
3a. How long (hours, minutes) did <b>your child</b> stay outdoors during this period of time? <input type="text"/> hours <input type="text"/> minutes 3b. How long (hours, minutes) did <b>you</b> stay outdoors during this period of time? <input type="text"/> hours <input type="text"/> minutes			
4. Did your child do any of the following things during this period of time ( <b>Time Period #3</b> )? <b>You may check more than one:</b>  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> a. Play/swim in a pool.  <input type="checkbox"/> b. Walk barefoot in the yard.  <input type="checkbox"/> c. Dig in the yard.  <input type="checkbox"/> d. Eat dirt or sand.  <input type="checkbox"/> e. Play with pets.  <input type="checkbox"/> f. Put toys in the mouth.  <input type="checkbox"/> g. Eat outside the house.         </div> <div style="width: 50%;"> <input type="checkbox"/> h. Eat on the floor inside the house.  <input type="checkbox"/> i. Wash hands before eating.  <input type="checkbox"/> j. Walk barefoot inside the house.  <input type="checkbox"/> k. Take a bath.  <input type="checkbox"/> l. Suck thumb, fingers, or toes.  <input type="checkbox"/> m. Eat somewhere away from home.  <input type="checkbox"/> n. Go somewhere away from home.         </div> </div> <p>If your child went somewhere away from home (<b>including going from your child's day care to home</b>), please answer 4a, 4b &amp; 4c</p>		4a. <b>Where</b> away from home?  4b. <b>How</b> did your child go there? <input type="checkbox"/> by Car, <input type="checkbox"/> by Bus, <input type="checkbox"/> by Truck, <input type="checkbox"/> by Bike, or <input type="checkbox"/> Walk there.  4c. Time needed to get there (and return): <input type="text"/> hours <input type="text"/> minutes <b>Total time away from home:</b> <input type="text"/> hours <input type="text"/> minutes	
5. <b>Where</b> (which room) did your child <b>spend most time indoors</b> at home?		5.	
6. <b>Where</b> did your child <b>spend most time outdoors</b> at home?		6.	
7a. Did you take your child's hand-wipe sample <b>before</b> he/she washed hands and prepared for dinner? <input type="checkbox"/> Yes <input type="checkbox"/> No 7b. Did you take your own hand-wipe sample? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8a. Did you take your child's urine sample after dinner, before he/she went to bed? <input type="checkbox"/> Yes <input type="checkbox"/> No 8b. Did you take your own urine sample? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9a. Did you collect the same amount of food that your child ate and drank? <input type="checkbox"/> Yes <input type="checkbox"/> No 9b. Did you collect the same amount of food that you ate and drank? <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. Please write down any <b>snacks and meals</b> that <b>your child</b> ate and drank (including water) during this period of time: <b>CHILD's Dinner and Snacks:</b> [PLEASE INDICATE IF FOOD WAS NOT PREPARED AT HOME; FOR EXAMPLE: PIZZA (DOMINO'S)]          How many cups (8 oz. Cup) of water did your child drink?      [      ] Cup(s)			
11. Please write down any <b>snacks and meals</b> that <b>you</b> ate and drank (including water) during this period of time: <b>PARENT's Dinner and Snacks:</b> [PLEASE INDICATE IF FOOD WAS NOT PREPARED AT HOME; FOR EXAMPLE: PIZZA (DOMINO'S)]          How many cups (8 oz. Cup) of water did you drink?      [      ] Cup(s)			

### TIME PERIOD #3

#### Activity Diary

12. This question asks about your child's activity level and the kinds of surfaces where he/she spent time on the activities during this time period (**Time Period #3**). Please take a moment to think about your child's activities during this period of time (Active Play, Quiet Play, or Napping/Sleeping) and estimate the **total amount of time** your child spent on each type of surface doing Active Play, Quiet Play, or Napping/Sleeping. Also included in this question is the **type of clothing worn by your child** during this period of time. If there was no activity on a type of surface, please check the box for "NONE."

Surface Type and Location of the Activities	Estimated Time Spent on Each Play Activity and Surface			Type of Clothing Worn while doing activities on each type of surface (Please ✓ All that Apply)
	Active Play (✓ only one box) running, jumping, dancing, playing sports, and other high-energy body movement activities	Quiet Play (✓ only one box) coloring, playing computer games, watching TV, reading, listening to story, playing in the sandbox, and other low- to moderate-energy body movement activities	Napping/Sleeping (✓ only one box)	
<b>Home - Indoors</b> [Hard Surfaces include tile, vinyl, hardwood, brick, etc.]				
a. Carpet/Rugs Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
b. Hard Surfaces Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
c. Upholstery & Bedding Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
d. Other Indoors Total Time:				
<b>Home - Outdoors</b> [Paved Surfaces include concrete, asphalt, brick, rock, etc.]				
e. Grass Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
f. Dirt/Soil Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
g. Paved Surface Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
h. Wooden Deck - Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
i. Other Outdoors Total Time:				
j. At Day Care Total Time:				



**TIME PERIOD #4**

<b>Time Period #4:</b> _____ <b>day,</b> _____ (date) <b>From</b> the time your child woke up <b>Until</b> the time he/she arrived at the day care center		1. When did your child wake up? <input type="text"/> : <input type="text"/> : <input type="text"/> AM/ PM <hr/> 2. When did your child arrive at the day care center? <input type="text"/> : <input type="text"/> : <input type="text"/> AM/ PM	
3a. How long (hours, minutes) did <b>your child</b> stay outdoors during this period of time? <input type="text"/> hours <input type="text"/> minutes 3b. How long (hours, minutes) did <b>you</b> stay outdoors during this period of time? <input type="text"/> hours <input type="text"/> minutes			
4. Did your child do any of the following things during this period of time ( <b>Time Period #4</b> )? <b>You may check more than one:</b>  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> a. Play/swim in a pool.  <input type="checkbox"/> b. Walk barefoot in the yard.  <input type="checkbox"/> c. Dig in the yard.  <input type="checkbox"/> d. Eat dirt or sand.  <input type="checkbox"/> e. Play with pets.  <input type="checkbox"/> f. Put toys in the mouth.  <input type="checkbox"/> g. Eat outside the house.         </div> <div style="width: 50%;"> <input type="checkbox"/> h. Eat on the floor inside the house.  <input type="checkbox"/> i. Wash hands before eating.  <input type="checkbox"/> j. Walk barefoot inside the house.  <input type="checkbox"/> k. Take a bath.  <input type="checkbox"/> l. Suck thumb, fingers, or toes.  <input type="checkbox"/> m. Eat somewhere away from home.  <input type="checkbox"/> n. Go somewhere away from home.         </div> </div> <p>If your child went somewhere away from home (<b>including going to your child's day care</b>), please answer 4a, 4b &amp; 4c</p>		4a. <b>Where</b> away from home?  <hr/> 4b. <b>How</b> did your child go there? <input type="checkbox"/> by Car, <input type="checkbox"/> by Bus, <input type="checkbox"/> by Truck, <input type="checkbox"/> by Bike, or <input type="checkbox"/> Walk there.	
		4c. Time needed to get there (and return): <input type="text"/> hours <input type="text"/> minutes  <b>Total time away from home:</b> <input type="text"/> hours <input type="text"/> minutes	
5. <b>Where</b> (which room) did your child <b>spend most time indoors</b> at home?		5.	
6. <b>Where</b> did your child <b>spend most time outdoors</b> during this period of time?		6.	
7a. Did you take your child's urine sample after he/she woke up?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
7b. Did you take your own urine sample after you woke up?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8a. Did you collect the same amount of food that your child ate and drank?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8b. Did you collect the same amount of food that you ate and drank?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Please write down any <b>snacks and meals</b> that <b>your child</b> ate and drank (including water) during this period of time: <b>CHILD's Breakfast and Snacks:</b> [PLEASE INDICATE IF FOOD WAS NOT PREPARED AT HOME; FOR EXAMPLE: PIZZA (DOMINO'S)]			
How many cups (8 oz. Cup) of water did your child drink?        [        ] Cup(s)			
10. Please write down any <b>snacks and meals</b> that <b>you</b> ate and drank (including water) during this period of time: <b>PARENT's Breakfast and Snacks:</b> [PLEASE INDICATE IF FOOD WAS NOT PREPARED AT HOME; FOR EXAMPLE: PIZZA (DOMINO'S)]			
How many cups (8 oz. Cup) of water did you drink?            [        ] Cup(s)			

# TIME PERIOD #4

## Activity Diary

11. This question asks about your child's activity level and the kinds of surfaces where he/she spent time on the activities during this time period (**Time Period #4**). Please take a moment to think about your child's activities during this period of time (Active Play, Quiet Play, or Napping/Sleeping) and estimate the **total amount of time** your child spent on each type of surface doing Active Play, Quiet Play, or Napping/Sleeping. Also included in this question is the **type of clothing worn by your child** during this period of time. If there was no activity on a type of surface, please check the box for "NONE."

Surface Type and Location of the Activities	Estimated Time Spent on Each Play Activity and Surface			Type of Clothing Worn while doing activities on each type of surface (Please ✓ All that Apply)
	Active Play (✓ only one box) running, jumping, dancing, playing sports, and other high-energy body movement activities	Quiet Play (✓ only one box) coloring, playing computer games, watching TV, reading, listening to story, playing in the sandbox, and other low- to moderate-energy body movement activities	Napping/Sleeping (✓ only one box)	
<b>Home - Indoors</b> [Hard Surfaces include tile, vinyl, hardwood, brick, etc.]				
a. Carpet/Rugs Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
b. Hard Surfaces Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
c. Upholstery & Bedding Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
d. Other Indoors Total Time:				
<b>Home - Outdoors</b> [Paved Surfaces include concrete, asphalt, brick, rock, etc.]				
e. Grass Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
f. Dirt/Soil Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
g. Paved Surface Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
h. Wooden Deck - Total Time:	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> NONE <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 - 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> Long-Sleeve Clothing <input type="checkbox"/> Short-Sleeve Clothing <input type="checkbox"/> Legs and ankles covered <input type="checkbox"/> Legs partially covered
i. Other Outdoors Total Time:				
j. At Day Care Total Time:				

## CHILD'S USUAL EATING HABITS

This brief survey is about your child's usual eating habits **over the past year**. Please look at the following food items and think about how often, on average, your child ate or drank each of the food items. If you're not sure about an answer, please give your best guess. You may answer in per day, per week, per month, or per year. For examples, if once per day, you write "0 1" in the open boxes and check (✓) the closed box before "Day."

### STAFF PROVIDES EXAMPLES:

EXAMPLES	F1. Over the past year how often did your child eat .....?	F2. How often did you wash it before your child ate them? Would you say...?	F3. How often did you peel it before your child ate them? Would you say...?
1. Apples	<input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never <input type="checkbox"/> In Season Only	<input type="checkbox"/> Always, <input type="checkbox"/> Most of the time, <input type="checkbox"/> Sometimes, or <input type="checkbox"/> Rarely/Never.	<input type="checkbox"/> Always, <input type="checkbox"/> Most of the time, <input type="checkbox"/> Sometimes, or <input type="checkbox"/> Rarely/Never.

If less than once per month, please check the box under the food item for "Rarely/Never." If only ate the food item in season only, please check the box for "In Season Only" and how many times per day, week or month.

FRESH FRUITS ONLY	F1. Over the past year how often did your child eat .....? <small>If less than once per month, please check Rarely/Never. If only ate the food item in season, please <b>also</b> check the box for "In Season Only."</small>	F2. How often did you wash it before your child ate them? Would you say...? <b>Check one appropriate box</b>	F3. How often did you peel it before your child ate them? Would you say...? <b>Check one appropriate box</b>
1. Apples	<input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never <input type="checkbox"/> In Season Only	<input type="checkbox"/> Always, <input type="checkbox"/> Most of the time, <input type="checkbox"/> Sometimes, or <input type="checkbox"/> Rarely/Never.	<input type="checkbox"/> Always, <input type="checkbox"/> Most of the time, <input type="checkbox"/> Sometimes, or <input type="checkbox"/> Rarely/Never.
2. Pears	<input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never <input type="checkbox"/> In Season Only	<input type="checkbox"/> Always, <input type="checkbox"/> Most of the time, <input type="checkbox"/> Sometimes, or <input type="checkbox"/> Rarely/Never.	<input type="checkbox"/> Always, <input type="checkbox"/> Most of the time, <input type="checkbox"/> Sometimes, or <input type="checkbox"/> Rarely/Never.
3. Grapes	<input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never <input type="checkbox"/> In Season Only	<input type="checkbox"/> Always, <input type="checkbox"/> Most of the time, <input type="checkbox"/> Sometimes, or <input type="checkbox"/> Rarely/Never.	<input type="checkbox"/> Always, <input type="checkbox"/> Most of the time, <input type="checkbox"/> Sometimes, or <input type="checkbox"/> Rarely/Never.
4. Peaches, Nectarines	<input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never <input type="checkbox"/> In Season Only	<input type="checkbox"/> Always, <input type="checkbox"/> Most of the time, <input type="checkbox"/> Sometimes, or <input type="checkbox"/> Rarely/Never.	<input type="checkbox"/> Always, <input type="checkbox"/> Most of the time, <input type="checkbox"/> Sometimes, or <input type="checkbox"/> Rarely/Never.
5. Bananas	<input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never <input type="checkbox"/> In Season Only	<input type="checkbox"/> Always, <input type="checkbox"/> Most of the time, <input type="checkbox"/> Sometimes, or <input type="checkbox"/> Rarely/Never.	<input type="checkbox"/> Always, <input type="checkbox"/> Most of the time, <input type="checkbox"/> Sometimes, or <input type="checkbox"/> Rarely/Never.

<b>FRESH FRUITS ONLY</b>	F1. Over the past year how often did your child eat .....? If less than once per month, please check Rarely/Never. If only ate the food item in season, please <b>also</b> check the box for "In Season Only."	F2. How often did you wash it before your child ate them? Would you say...?  <b>Check one appropriate box</b>	F3. How often did you peel it before your child ate them? Would you say...?  <b>Check one appropriate box</b>
6. Cantaloupe, Honeydew, Watermelon	<input type="text"/> <input type="text"/> <b>times per</b> <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never <input type="checkbox"/> In Season Only	<input type="checkbox"/> Always, <input type="checkbox"/> Most of the time, <input type="checkbox"/> Sometimes, or <input type="checkbox"/> Rarely/Never.	<input type="checkbox"/> Always, <input type="checkbox"/> Most of the time, <input type="checkbox"/> Sometimes, or <input type="checkbox"/> Rarely/Never.
7. Oranges, Tangerines	<input type="text"/> <input type="text"/> <b>times per</b> <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never <input type="checkbox"/> In Season Only	<input type="checkbox"/> Always, <input type="checkbox"/> Most of the time, <input type="checkbox"/> Sometimes, or <input type="checkbox"/> Rarely/Never.	<input type="checkbox"/> Always, <input type="checkbox"/> Most of the time, <input type="checkbox"/> Sometimes, or <input type="checkbox"/> Rarely/Never.
8. Strawberries	<input type="text"/> <input type="text"/> <b>times per</b> <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never <input type="checkbox"/> In Season Only	<input type="checkbox"/> Always, <input type="checkbox"/> Most of the time, <input type="checkbox"/> Sometimes, or <input type="checkbox"/> Rarely/Never.	<input type="checkbox"/> Always, <input type="checkbox"/> Most of the time, <input type="checkbox"/> Sometimes, or <input type="checkbox"/> Rarely/Never.
9. Grapefruit	<input type="text"/> <input type="text"/> <b>times per</b> <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never <input type="checkbox"/> In Season Only	<input type="checkbox"/> Always, <input type="checkbox"/> Most of the time, <input type="checkbox"/> Sometimes, or <input type="checkbox"/> Rarely/Never.	<input type="checkbox"/> Always, <input type="checkbox"/> Most of the time, <input type="checkbox"/> Sometimes, or <input type="checkbox"/> Rarely/Never.
10. Any other kind of fresh fruits [Please Specify] a.	<input type="text"/> <input type="text"/> <b>times per</b> <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never <input type="checkbox"/> In Season Only	<input type="checkbox"/> Always, <input type="checkbox"/> Most of the time, <input type="checkbox"/> Sometimes, or <input type="checkbox"/> Rarely/Never.	<input type="checkbox"/> Always, <input type="checkbox"/> Most of the time, <input type="checkbox"/> Sometimes, or <input type="checkbox"/> Rarely/Never.
b.	<input type="text"/> <input type="text"/> <b>times per</b> <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never <input type="checkbox"/> In Season Only	<input type="checkbox"/> Always, <input type="checkbox"/> Most of the time, <input type="checkbox"/> Sometimes, or <input type="checkbox"/> Rarely/Never.	<input type="checkbox"/> Always, <input type="checkbox"/> Most of the time, <input type="checkbox"/> Sometimes, or <input type="checkbox"/> Rarely/Never.
c.	<input type="text"/> <input type="text"/> <b>times per</b> <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never <input type="checkbox"/> In Season Only	<input type="checkbox"/> Always, <input type="checkbox"/> Most of the time, <input type="checkbox"/> Sometimes, or <input type="checkbox"/> Rarely/Never.	<input type="checkbox"/> Always, <input type="checkbox"/> Most of the time, <input type="checkbox"/> Sometimes, or <input type="checkbox"/> Rarely/Never.
d.	<input type="text"/> <input type="text"/> <b>times per</b> <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never <input type="checkbox"/> In Season Only	<input type="checkbox"/> Always, <input type="checkbox"/> Most of the time, <input type="checkbox"/> Sometimes, or <input type="checkbox"/> Rarely/Never.	<input type="checkbox"/> Always, <input type="checkbox"/> Most of the time, <input type="checkbox"/> Sometimes, or <input type="checkbox"/> Rarely/Never.

<b>FRESH VEGETABLES ONLY</b>	<p>F4. Over the past year how often did your child eat ....?</p> <p>If less than once per month, please check Rarely/Never. If only ate the food item in season, please <b>also</b> check the box for "In Season Only."</p>	<p>F5. How often did you wash it before your child ate them (or before you cooked them)? Would you say...?</p> <p><b>Check one appropriate box</b></p>
1. Broccoli	<p><input type="text"/> <input type="text"/> <b>times per</b></p> <p><input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month</p> <p><input type="checkbox"/> Rarely/Never</p> <p><input type="checkbox"/> In Season Only</p>	<p><input type="checkbox"/> Always,</p> <p><input type="checkbox"/> Most of the time,</p> <p><input type="checkbox"/> Sometimes, or</p> <p><input type="checkbox"/> Rarely/Never.</p>
2. Cauliflower	<p><input type="text"/> <input type="text"/> <b>times per</b></p> <p><input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month</p> <p><input type="checkbox"/> Rarely/Never</p> <p><input type="checkbox"/> In Season Only</p>	<p><input type="checkbox"/> Always,</p> <p><input type="checkbox"/> Most of the time,</p> <p><input type="checkbox"/> Sometimes, or</p> <p><input type="checkbox"/> Rarely/Never.</p>
3. String beans, green beans	<p><input type="text"/> <input type="text"/> <b>times per</b></p> <p><input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month</p> <p><input type="checkbox"/> Rarely/Never</p> <p><input type="checkbox"/> In Season Only</p>	<p><input type="checkbox"/> Always,</p> <p><input type="checkbox"/> Most of the time,</p> <p><input type="checkbox"/> Sometimes, or</p> <p><input type="checkbox"/> Rarely/Never.</p>
4. Corn	<p><input type="text"/> <input type="text"/> <b>times per</b></p> <p><input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month</p> <p><input type="checkbox"/> Rarely/Never</p> <p><input type="checkbox"/> In Season Only</p>	<p><input type="checkbox"/> Always,</p> <p><input type="checkbox"/> Most of the time,</p> <p><input type="checkbox"/> Sometimes, or</p> <p><input type="checkbox"/> Rarely/Never.</p>
5. Mustard greens, turnip greens, collards, or spinach	<p><input type="text"/> <input type="text"/> <b>times per</b></p> <p><input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month</p> <p><input type="checkbox"/> Rarely/Never</p> <p><input type="checkbox"/> In Season Only</p>	<p><input type="checkbox"/> Always,</p> <p><input type="checkbox"/> Most of the time,</p> <p><input type="checkbox"/> Sometimes, or</p> <p><input type="checkbox"/> Rarely/Never.</p>
6. Cabbage	<p><input type="text"/> <input type="text"/> <b>times per</b></p> <p><input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month</p> <p><input type="checkbox"/> Rarely/Never</p> <p><input type="checkbox"/> In Season Only</p>	<p><input type="checkbox"/> Always,</p> <p><input type="checkbox"/> Most of the time,</p> <p><input type="checkbox"/> Sometimes, or</p> <p><input type="checkbox"/> Rarely/Never.</p>
7. Carrots	<p><input type="text"/> <input type="text"/> <b>times per</b></p> <p><input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month</p> <p><input type="checkbox"/> Rarely/Never</p> <p><input type="checkbox"/> In Season Only</p>	<p><input type="checkbox"/> Always,</p> <p><input type="checkbox"/> Most of the time,</p> <p><input type="checkbox"/> Sometimes, or</p> <p><input type="checkbox"/> Rarely/Never.</p>
8. Tomatoes	<p><input type="text"/> <input type="text"/> <b>times per</b></p> <p><input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month</p> <p><input type="checkbox"/> Rarely/Never</p> <p><input type="checkbox"/> In Season Only</p>	<p><input type="checkbox"/> Always,</p> <p><input type="checkbox"/> Most of the time,</p> <p><input type="checkbox"/> Sometimes, or</p> <p><input type="checkbox"/> Rarely/Never.</p>
9. Potatoes	<p><input type="text"/> <input type="text"/> <b>times per</b></p> <p><input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month</p> <p><input type="checkbox"/> Rarely/Never</p> <p><input type="checkbox"/> In Season Only</p>	<p><input type="checkbox"/> Always,</p> <p><input type="checkbox"/> Most of the time,</p> <p><input type="checkbox"/> Sometimes, or</p> <p><input type="checkbox"/> Rarely/Never.</p>



FOOD ITEMS	F7. Over the past year how often did your child eat or drink .....? If less than once per month, please check Rarely/Never.
1. Any kind of canned or bottled fruits	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
2. Any kind of canned or bottled vegetables	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
3. Any kind of frozen vegetables	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
4. Any kind of canned soups	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
5. 100% Fruit juices	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
6. Other fortified fruit drinks such as Hi-C	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
7. French fries and fried potatoes	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
8. Rice	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
9. Hamburgers, cheeseburgers, meatloaf	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
10. Beef (steaks or roasts)	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
11. Beef stew or pot pie with carrots, other vegetables	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
12. Liver, including chicken livers	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
13. Pork, including chops, roasts	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
14. Fried chicken	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
15. Chicken or turkey, baked, roasted, stewed or broiled	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
16. Fried fish or fish sandwich	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
17. Other fish, broiled or baked	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
18. Spaghetti, lasagna, other pasta with tomato sauce	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never

FOOD ITEMS	F7. Over the past year how often did your child eat or drink .....? If less than once per month, please check Rarely/Never.
19. Pizza	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
20. Hot dogs	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
21. Ham, lunch meats	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
22. White bread (including sandwiches), bagels, crackers, etc.	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
23. Dark bread, including whole wheat, rye, pumpernickel	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
24. Corn bread, corn muffins, corn tortillas	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
25. Peanuts, peanut butter or other nuts	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
26. Jellies, jams	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
27. Honey	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
28. Margarine	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
29. Butter	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
30. Cereals [Please specify the brand name]	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
31. Cooked cereals	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
32. Eggs	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
33. Bacon	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
34. Sausage	<input type="text"/> <input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never



FOOD ITEMS	F7. Over the past year how often did your child eat or drink .....? If less than once per month, please check Rarely/Never.
35. Salty snacks (such as chips, popcorn, pretzels)	<input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
36. Cakes, doughnuts, cookies, pastry	<input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
37. Ice cream	<input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
38. Frozen Yogurt	<input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
39. Yogurt	<input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
40. Pies	<input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
41. Cheeses and cheese spreads, not including cottage cheese	<input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
42. Whole milk and beverages with whole milk (including on cereal)	<input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
43. 2% milk and beverages with 2% milk (including on cereal)	<input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
44. Skim milk, 1% milk or buttermilk (including on cereal)	<input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
45a. Any kind of regular soft drinks (with sugar)	<input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
45b. Any kind of sugar-free (diet) soft drinks	<input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
46. Any kind of candies	<input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
47. Any other kind of foods not listed above [Please Specify] a.	<input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
b.	<input type="text"/> <input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never

<b>FOOD ITEMS</b>	F7. Over the past year how often did your child eat or drink .....? If less than once per month, please check Rarely/Never.
c.	<input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never

F8. Over the past year how often did your child eat foods that were prepared by a restaurant (any kind of restaurant)?	<input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
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### COOKING PRACTICE INFORMATION

The following questions are about how foods were usually cooked or heated at your home over the past year.

F9. What did you use to cook or heat food? Please Specify:	F10. Was it gas or electric?
1 _____	<input type="checkbox"/> Gas, <input type="checkbox"/> Electric, or <input type="checkbox"/> Other kind[Please Specify Other]:
2 _____	<input type="checkbox"/> Gas, <input type="checkbox"/> Electric, or <input type="checkbox"/> Other kind[Please Specify Other]:
3 _____	<input type="checkbox"/> Gas, <input type="checkbox"/> Electric, or <input type="checkbox"/> Other kind[Please Specify Other]:
4 _____	<input type="checkbox"/> Gas, <input type="checkbox"/> Electric, or <input type="checkbox"/> Other kind[Please Specify Other]:
5 _____	<input type="checkbox"/> Gas, <input type="checkbox"/> Electric, or <input type="checkbox"/> Other kind[Please Specify Other]:
6 _____	<input type="checkbox"/> Gas, <input type="checkbox"/> Electric, or <input type="checkbox"/> Other kind[Please Specify Other]:
F11. How often did you use any of the following methods to cook or heat foods? [Less than once per month = Rarely/Never]	
1. Grill	<input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
2. Broil	<input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
3. Roast/Bake	<input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
4. Deep-fry	<input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
5. Fry	<input type="text"/> times per <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never

F11. How often did you use any of the following methods to cook or heat foods? [Less than once per month = Rarely/Never]	
6. Stir-fry (or sauté)	<input type="text"/> <input type="text"/> <b>times per</b> <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
7. Microwave	<input type="text"/> <input type="text"/> <b>times per</b> <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
8. Steam	<input type="text"/> <input type="text"/> <b>times per</b> <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
9. Stew (slow cooking, or simmer)	<input type="text"/> <input type="text"/> <b>times per</b> <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
10. Boil	<input type="text"/> <input type="text"/> <b>times per</b> <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
11. Any Other [Please Specify]:	<input type="text"/> <input type="text"/> <b>times per</b> <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never

F12. What kinds of fat did you usually use in cooking (to deep-fry, fry, or stir-fry)? Did you use...?	
1. Vegetable oil	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Corn oil	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Peanut oil	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Butter	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Margarine	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Bacon fat	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Lard/fatback	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Olive oil	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Any Other [Please Specify]:	<input type="checkbox"/> Yes <input type="checkbox"/> No

F13. What did you use to store food? Did you use...?	
1. Plastic containers	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Glass containers	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Any Other kind? [Please Specify]:	<input type="checkbox"/> Yes <input type="checkbox"/> No

F14. Where and how often did you usually prepare food at home? Did you ...? [Less than once per month = Rarely/Never]	
1. Prepare directly on the kitchen counter top	<input type="text"/> <input type="text"/> <b>times per</b> <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
2. Prepare directly on a cutting board	<input type="text"/> <input type="text"/> <b>times per</b> <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
3. Prepare directly on a plate or a bowl	<input type="text"/> <input type="text"/> <b>times per</b> <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never
4. Any Other? [Please Specify]:	<input type="text"/> <input type="text"/> <b>times per</b> <input type="checkbox"/> Day, <input type="checkbox"/> Week, <input type="checkbox"/> Month <input type="checkbox"/> Rarely/Never

The following steps will help you complete the Activity Table.

1. First, think about the child's activities during each time period (for example, about 1 hour 45 minutes total for this time period). Think about how much time s/he spent indoors and how much time s/he spent outdoors. **If s/he did not spend time inside the home, go to step #9.**
2. If the child spent time indoors, think about approximately how much time the child spent doing something on carpet/rug floor. Write down the time in **Box a** (for example, about 45 minutes).
3. Think about the 45 minutes, how much time the child spent doing active play on carpet/rug floor. Check one box for the time (for example, 30 - 60 minutes).
4. Think about the 45 minutes, how much time the child spent doing quiet play on carpet/rug floor. Check one box for the time (for example, less than 30 minutes).
5. Think about the 45 minutes, how much time the child spent napping or sleeping on carpet/rug floor. Check one box for the time (for example, None).
6. Think about the 45 minutes, what type of clothing did s/he wear while playing or doing something on carpet/rug floor. Check all the appropriate boxes for the clothing (for example, Long-sleeve, Short-sleeve, Legs partially covered).
7. Repeat **step#2 through step#6** for the child's activities on hard surface floor (**Box b**) and on upholstery and bedding (**Box c**).
8. If there are other indoor activities (e.g., went shopping, visited friends's home), record in Box d.
9. Think about the child's outdoor activities during this time period. If the child spent time outdoors, think about approximately how much time the child spent doing something on grass. Write down the time in **Box e** (for example, about 30 minutes).
10. Think about the 30 minutes, how much time the child spent doing active play on grass surface. Check one box for the time (for example, 30 - 60 minutes).
11. Think about the 30 minutes, how much time the child spent doing quiet play on grass. Check one box for the time (for example, None).
12. Think about the 30 minutes, how much time the child spent napping or sleeping on grass. Check one box for the time (for example, None).
13. Think about the 30 minutes, what type of clothing did s/he wear while playing or doing something on grass. Check all the appropriate boxes for the clothing (for example, Short-sleeve, Legs partially covered).
14. Repeat **step#9 through step#13** for the child's activities on dirt/soil surface (**Box f**), paved surface (**Box g**), and on wooden deck (**Box h**).
15. If there are other outdoor activities (e.g., went shopping, in transportation, visited friends's home), record in Box i.

## **Activity Diary Notes**

Please use the following pages to record any notes that may help you complete the Activity Diary for each time period.

### **Time Period #1 Notes:**

### **Time Period #2 Notes:**

**Time Period #3 Notes:**

**Time Period #4 Notes:**

Thank you for your participation in this important environmental study. Your assistance in collecting the samples and recording the child activity diary is critical to the success of this study.

If you have any questions regarding the sample collection or any other study issues, please do not hesitate to contact us. You may call us toll-free at 1-877-810-9530 ext. 506.